 

**Needs Assessment Plan**

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**Background**

Disability Rights Washington, the Washington Coalition of Sexual Assault Programs and the Long-term Care Ombudsman Program have established a collaboration, through a grant from the Department of Justice Office on Violence Against Women, to address sexual violence against people with disabilities in long-term care settings in a multi-year project.

 This document outlines the plan for the needs assessment process. The needs assessment process will collect data through focus groups, interviews and surveys that will be compiled into key findings. These findings will in turn direct the strategic implementation of the grant project activities going forward.

**Collaboration member agencies**

**Disability Rights Washington**

Disability Rights Washington (DRW) is the protection and advocacy system for Washington, founded as a non-profit entity in 1977, to address rights-related disability issues, including the right to be free from abuse and neglect. DRW’s work is advocacy-based, to advance the disability civil rights movement, uphold the rights of people with disabilities and build capacity for advocacy by people with disabilities. DRW works for: change in policies, laws and systems that promote legal rights and responsibilities; adequately funded supports and services; freedom from abuse and neglect; and communities that involve everyone. DRW utilizes multiple advocacy strategies including, coalition-building, group facilitation, curriculum development, training and material development, public policy work, litigation and works with like-minded agencies to advance the rights of people with disabilities. DRW provides extensive disability rights related information and technical assistance to the disability advocacy communities, the public and policy makers at every level of government.

**Washington Coalition of Sexual Assault Programs**

Incorporated in 1979, the Washington Coalition of Sexual Assault Programs (WCSAP) is 34 years strong and a leader in the sexual assault movement nationwide. The Coalition is a non-profit organization whose mission is to unite agencies engaged in the elimination of sexual violence. WCSAP provides information, training and expertise to program and individual members who support victims, family and friends, the general public, and all those whose lives have been affected by sexual assault. The Coalition’s core membership is the 42 direct service sexual assault agencies in Washington. Core functions of the coalition are to support sexual assault agencies and advocate for victim-centered and well-crafted laws that address the needs of sexual assault survivors and community safety.

 **Washington Long-Term Care Ombudsman Program**

The Long-Term Care Ombudsman Program (LTCOP) is recognized as the statewide advocacy system that ensures the dignity, rights and well-being of long-term care residents in Washington. Federally mandated to receive and resolve complaints statewide, the LTCOP has served elders, seniors and people with intellectual disabilities, mental illness and chronic physical illness in licensed, long-term care facilities for 40 years. The program has been housed at a private, non-profit agency, the Multi-Service Center, since 1989. LTCOP contracts for ombudsman services with local agencies to provide local programming managed by a Regional Long-Term Care Ombudsman. There are 13 regions in the state, two regions are served by the Multi-Service Center and the LTCOP contracts with eleven Regional Ombudsman. Each Regional Ombudsman recruits and trains volunteer ombudsmen. Regional Ombudsmen and 350 volunteers across the state provide residents and their families with assistance with resolution of complaints, and information about rights and available resources. LTCOP provides certification training for all volunteers and staff, as well as continuing education and technical assistance.

The LTCOP also provides technical assistance on resident rights issues to disability and aging advocates, and the public. LTCOP serves as an advocate of resident rights at the state policy level, leads and participates on state-wide task forces and reports to the legislature on issues of concern.

**Vision**

The vision of the Washington state collaboration (Disability Rights Washington, Washington Coalition of Sexual Assault Programs and Washington State Long-Term Care Ombudsman) is:

People living in long-term care settings experience safe, respectful and dignified environments over which they exert control, self-determination and independence. Long-term care environments communicate that residents are entitled to live free from violence, abuse and neglect with support to make choices about their sexuality, healing and justice pursuits. A strong system of advocacy responds to sexual violence in a trauma-informed, survivor-centered manner at every level. Care providers, organizations and public entities are self-aware of the risks of violence in long-term care settings. All are accountable to the people they serve and promote a model of non-tolerance of sexual violence.

**Mission**

The mission of the Washington state collaboration, Disability Rights Washington, Washington Coalition of Sexual Assault Programs and Washington State Long-term Care Ombudsman, is to:

* Create networks of providers, long-term care residents, individuals with disabilities, and anti-sexual assault, long-term care and disability advocates who have the ability to create long-term care environments which are respectful and safe, and
* Restore trust in the system through authentic long-term care system reform and transformation infused with cultural and disability humility, empowered residents and champions at every level who act against sexual violence.

The collaboration:

* Supports survivors to find their own voice, make their own choices and take action by providing advocacy training, skills and system knowledge;
* Connects residents to advocates who are trained in the needs and circumstances of survivors in long-term care settings;
* Creates platforms to expose the truth about sexual violence in long-term care settings and highlight how the current system promotes vulnerability;
* Uses our influence and expertise to provide tools for change;
* Creates models and benchmarks for achieving a violence and retaliation-free environment in long-term care settings; and
* Cultivates trauma-informed practices at our agencies and assure our statewide constituents know how to prevent violence and respond to survivors.

**Needs assessment goals**

**Purpose**
The purpose of the Washington state collaboration needs assessment is to assess how best to provide technical assistance to state and local long-term care, sexual assault, and disability advocacy networks poised to build advocacy capacity, and provide individual advocacy to those who experience sexual assault in long-term care.

The assessment will foster a thoughtful and respectful process wherein information and needed input will be collected from those at local and state levels who survive or work in intersections of sexual assault, disability and long-term care, to proactively identify a range of strategies and best practices for technical assistance implementation.

The process, and ultimately the technical assistance implementation, will identify champions in these intersections who will build momentum and actualize the vision and mission of the Washington state collaboration.

**Goals**

Identify each collaboration organization’s capacity to provide technical assistance, resources and training to constituents serving those who experience sexual violence in long term care.

Identify existing relationships between constituents at all levels, from state to local level. Assess what is needed to build and solidify relationships.

Identify, per residents, survivors and people with disabilities, what makes a respectful, safe, violence-free, empowering service environment.

Identify current advocacy provision practices to assess strengths and gaps. Identify what capacity would be required to refine and enhance advocacy and technical assistance provision for those with disabilities who experience sexual violence in long term care.

**Methodology & information sources**

**Methodology**

For purposes of the collaboration needs assessment, a combination of data collection tools will be utilized in an effort to capture the range of diverse geography, demographics, programs, culture and long-term care experiences in Washington. Focus groups, interviews and surveys have been developed to collect this information.

Primarily, information will be gathered through focus groups and interviews. The collaboration members considered the advantages and disadvantages of various methods to collect information and decided that focus groups, while time consuming, would provide excellent opportunities to collect in-depth information through guided discussion from small groups of target audiences in multiple locations. Collaboration members will strive to include those who wish to participate in the process. For any invited audience member who wants to participate in a focus group but is unable to do so, attempts will be made to provide an interview.

Interviews were chosen as the appropriate method to collect information from the agency heads of DRW and WCSAP and The State LTCOP. This leadership has a wealth of very specific information and unique perspective best explored through a guided interview. In addition interviews will be conducted with other target audiences when practical, for instance if a small local program only has one management level staff that person would be interviewed and would not be part of a focus group. Interviews will also be conducted with representatives of disability advocacy organizations, such as the Arc, Centers for Independent Living, Brain Injury Support Group Network, and MS Society. Interviews were chosen for these advocacy organizations in order to collect in-depth qualitative information. Focus groups were not chosen because these groups are not located in the same areas of the state. Interviews will help us learn what disability organizations already know about providing support to survivors of sexual violence and what gaps they identify in their knowledge and connections to resources. This information will be used along with information directly from people with disabilities and survivors to inform our advocacy capacity and technical assistance development. Interviews may also serve as a reasonable accommodation for those unable to participate in focus groups.

The collaboration partners discussed the pro and con of surveys and decided to use surveys for one target audience type. The partner organization Boards and Advisory councils will be surveyed in order to include information about their level of support of the project goal of internal systemic change. A survey was chosen as the method because these groups have statewide representation, only meet quarterly and have limited time for focus groups.

Public records, relevant media, or general information regarding sexual violence and the long-term care system in Washington may be utilized for needs assessment findings.

For more specific information on each audience, data collection method, tools utilized, purpose, participant number and agency responsible, see the needs assessment work plan table at Appendix A.

**Information sources**

*“Today’s (disability) gulag characterizes isolation and control as care and protection, and the disappearances are often called voluntary placements. However, you don’t vanish because that’s what you want or need. You vanish because that’s what the state offers. You make your choice from an array of one.”* ***Harriet McBryde Johnson, Disability Rights Activist***

**National information**

• Persons with disabilities experienced an age-adjusted rate of violent crime that was 1. 5 times that of persons without disabilities; for sexual assault and rape, the rate was more than twice that of persons without disabilities

• Depending on the type of violent crime (rape, robbery, assault, and their subcategories), the incidence was 3 to 12 times greater among persons with severe mental illness than among the general population. Source: NCVRW Resource Guide 2012

• Victims with disabilities were more likely to know their perpetrator than victims without disabilities. Source: Bureau of Justice Statistics Crimes against Victims with Disabilities 2008-2010

• In 2007, Holly Ramsey-Klawsnik and Pamela Teaster conducted a study and published a paper, *Sexual abuse of vulnerable adults in care facilities: Clinical findings and a research initiative*. Their findings indicated that survivors of sexual violence in care facilities who report these incidences are often not believed, the perpetrators are not held accountable and the survivor is not offered appropriate services, advocacy and supports.

**Internal and external information sources**

New data will be gathered during the needs assessment through focus groups, surveys and individual interviews on practices and policies within our organizations, and in the state, that affect our ability to respond appropriately to survivors with disabilities. The information gathered will identify strengths, weaknesses and needs and will be used to develop a Strategic Plan for implementation.

Each collaboration member provides technical assistance to build advocacy capacity for local organizations and individuals. These organizations and individuals will provide information for the needs assessment process. For the Long-term Care Ombudsman Program and the Washington Coalition of Sexual Assault Providers, there is membership of local organizations and staff/volunteer bases that provide this technical assistance. Though disability advocacy organizations and individual advocates with disabilities do not operate under the auspices of DRW, the role DRW plays in providing technical assistance for advocacy capacity to local disability organizations and individuals is comparable to the role LTCOP and WCSAP have with their constituents.

**Internal information sources**

Sources of information internal to the collaboration include:

* Advisory Councils
* Boards of Directors
* Executive Directors (Agency heads: DRW, WCSAP, LTCOP)
* Agency management
* LTCOP, DRW and WCSAP Staff
* Regional ombudsman directors
* Local ombudsman staff
* Local ombudsman volunteers

Purpose of data collection from internal sources: Information collected from the internal sources will be utilized to identify organizational capacity to provide technical assistance and resources to constituents serving those who experience sexual violence in long term care.

Methods for collecting information from internal sources:

Surveys: Board of Directors for DRW; Board of Directors for the Long-Term Care Ombudsman Program (LTCOP); Board of Directors for MultiService Corporation (organization that houses LTCOP); DRW’s Mental Health Advisory Council; DRW’s Disability Advisory Council; LTCOP’s Advisory Council; WCSAP’s Advisory Council. Staffing: Project director and facilitator will send out surveys electronically and tabulate responses.

Focus groups: DRW, WSCAP and LTCOP agency staff; regional ombudsman; local ombudsman staff; local ombudsman volunteers. Staffing: Collaboration members will staff focus groups as facilitators, timekeepers and note-takers.

Interviews: Each agency head and the assistant LTCO will be interviewed. Depending on interest, time, location and convenience additional interviews may be done for management, staff or volunteers. Staffing: Collaboration members will conduct interviews and take notes. These duties may be combined and performed by one person.

**External information sources**

 Sources of information external to the collaboration:

* Executive directors of local sexual assault programs
* Direct service management of sexual assault programs
* Local advocates of sexual assault programs
* Local volunteers of sexual assault programs
* Local and statewide disability advocacy organization staff

Purpose for data collection from external sources: Information collected from external sources will be used to identify current advocacy provision practices to assess strengths and gaps, and identify what capacity would be required to refine and enhance advocacy and technical assistance provision for those with disabilities who experience sexual violence in long term care. Data will also be used to identify each organization’s capacity to provide training and technical assistance to constituents serving those who experience sexual violence in long term care. Information collected will point to existing relationships between constituents of all levels, from state to local, to assess what is needed to build and solidify relationships.

Methods for external source data collection:

Focus groups: Separate focus groups will be done for local sexual assault advocates and sexual assault volunteers. Staffing: Collaboration members will staff focus groups as facilitators, timekeepers and note-takers.

Interviews: Direct sexual assault advocate service management, executive directors of local sexual assault advocate programs will be interviewed. Additionally, interviews will be conducted for local disability advocacy organizations, such as the local Arc, Brain Injury Association, Alzheimer’s Association, or Centers for Independent Living. Staffing: Collaboration members will conduct interviews and take notes. These duties may be combined and performed by one person.

Constituent sources of information include:

* Survivors of sexual violence
* Residents of long-term care (people with disabilities)
* People with disabilities who have lived in long-term care or identify as self-advocates

Purpose for data collection from constituent sources: Information collected from constituents will allow grant partners to identify, per residents, survivors and people with disabilities, what makes a respectful, safe, violence-free and empowering service environment.

Methods for constituent source data collection:

Focus groups: Survivors of sexual violence, residents of long-term care and individuals who self-identify with disability will participate predominantly through focus groups.

Interviews: May be made available to interested individuals unable to participate in focus groups.

There may be individuals who reside within a facility, with guardians or other decision-making supports, who would like to participate in a focus group. Care will be taken to work with each resident in an accessible manner to collect information; however, guardians and parents or family members are not allowed to participate during focus groups that are done with residents, so that residents may speak freely and without the overriding or alternative opinions of family members or others.

It is recognized guardians and family members who provide decision-making supports may wish to participate in a focus group or provide the collaboration with information. Interviews may be provided for these individuals, if requested. These interviews will use the focus group questions for residents and will have the same considerations for safety, access and confidentiality.

**Recruitment & incentives**

**Recruitment strategies**

**Focus group recruitment**

Each partner agency is responsible for reaching out to its prospective focus group attendees using the recruitment information and tools created by the collaboration. Each agency in the collaboration will also identify potential local recruiters from advocacy networks who demonstrate interest and willingness to engage potential focus group participants.

**Recruiter identification and responsibility**

Collaboration partners will identify possible local recruiters in each location for regional long term care ombudsman, local sexual assault programs, resident, sexual assault survivor and disability focus groups who can serve as local recruiters to engage potential local focus group participants. Partners conduct training for local recruiters to inform them about the required duties and will work in partnership with the local recruiters to secure participants for focus groups and interviews.

The Long-term care Ombudsman Program will recruit for:

* Board of Directors
* Advisory Council
* Executive Director
* Long Term Care Ombudsman state staff
* Long Term Care Regional Ombudsman staff
* Long Term Care local ombudsman staff
* Residents of long-term care

 The Washington Coalition of Sexual Assault Programs will recruit for:

* Board of Directors
* Advisory Council
* Executive Director
* WCSAP Agency Staff
* Local program executive directors
* Sexual assault program management
* Local sexual assault advocates
* Local sexual assault volunteers
* Sexual assault survivors

Disability Rights Washington will recruit for:

* Board of Directors
* Advisory Councils
* Executive Director
* Agency staff
* Disability-related advocacy organizations
* Individuals who identify with disability

It is understood that there is scarcity of resources and time for programs who have agreed to participate in focus groups and interviews. Where possible, focus groups will be done during other group meeting times. For example, staff meetings will be utilized to convene focus groups for partner agency staff, or for the local sexual assault program advocates. Resident Council meetings may agree to hold a focus group at their regular meeting date and time. Regional ombudsman will be contacted by the Long-term Care Ombudsman Program, and this focus group is likely to take place at a regional meeting. Focus group populations will not be mixed: No superiors will be in a focus group with subordinates. So for example, sexual assault program staff will not be in the same focus group with sexual assault advocates. The executive directors of agencies will not participate in the staff focus groups.

With recruitment, care will be taken to provide complete up-front knowledge about the grant and the proposed structure of the focus groups, so as to save time for actual focus group facilitation, and to assure individuals understand the purpose of the groups and their motives for participation. Guardians, family members, or others who provide decision-making supports will also have clear instructions about the focus groups, who can participate, and what participation entails.

Geographical and demographic diversity will be factored when establishing locations of focus groups. To some extent, focus group locale will be contingent upon availability and willingness of target populations to participate; but capturing both rural/urban perspectives, as well as perspectives that incorporate a diverse pool of participants, with varied experience and geographical ties, will be considered with selection of focus group locations.

Thought is also given to availability, interest, and other factors, such as the extent to which a given group may be protective of their program, and subsequently unwilling to share honest information about barriers. When possible, these factors or potential focus group barriers will be mitigated ahead of time.

**Survey and interview recruitment**

As above, each partner agency is responsible for reaching out to its prospective survey and interview participants.

**Incentives**

Gift cards of a small amount will be provided to individuals with disabilities, long-term care residents, and survivors of sexual assault who participate in focus groups. These will be from a local store chosen with input from the local recruiter, in order to increase likelihood focus group participants will be able to use the card.

Gift cards will not be given to other focus group participants. OVW funds will only be used for light refreshments for focus groups of survivors, residents of long-term care and people with disabilities.

**Confidentiality & consent**

**Confidentiality**

The Washington Collaboration has a strong commitment to the confidentiality of any information regarding staff, residents, survivors, programs, and the workings of each agency. The needs assessment will be conducted in a respectful and transparent manner, with care to avoid suggestions of blame or fault-finding. The Washington Collaboration is mindful of the confidentiality concerns for individuals and organizations.

Focus groups will be closed groups and conducted in locations chosen with safety and confidentiality considerations. There will not be any public advertisements of the focus groups.

No personally identifiable information will be used by this collaboration in the needs assessment report, the findings, or the implementation of the project. In the focus groups, interviews and surveys, participants will also be asked not to provide any identifying information about staff or other participants. Interview and focus group facilitators will explain that all information collected and analyzed will be used by the Collaboration to plan for better services for survivors of sexual violence living in long-term care facilities. Information gathered will be used collectively to identify themes, issues, trends or patterns in a final needs assessment report. Notes, recordings, surveys, RSVP forms, accommodation requests, etc. will be protected, and then destroyed after grant completion.

No personally identifiable information will be included in any aspect of the Needs Assessment Report. This will be reiterated throughout the process, at each focus group, interview, and survey. Executive Directors will not be in focus groups. We will interview Executive Directors and supervisors separately. When conducting focus groups or interviews with people with disabilities, providers, guardians, or parents will not be in the room.

The recorder will not note specific identifiers in their notes. All team members will receive debriefing forms from the focus groups and interviews. Nothing that could reasonably identify individuals will be shared. Collaboration team members working on the data analysis will have access to session notes and surveys. The Project Director will keep information gathered in a locked cabinet at DRW until grant completion. All notes, recordings, records, surveys, RSVP forms, etc. related to the needs assessment will be destroyed at that point. Only aggregate level information will be available to entities outside of the collaboration. The approved Needs Assessment Report will be shared with participating organizations, Vera Institute of Justice, and the Office on Violence against Women.

We will offer resource information to focus group and interview participants. In the case where it’s not safe for a participant to keep this information, we will let them know they can get contact information from the local recruiter. Contact information for collaboration members may also be provided, if interested, to focus group participants by connecting with a recruiter.

**Mandatory reporting**

All collaboration members are permissive, and not mandatory reporters of vulnerable adult abuse in this collaboration. This will be made clear to focus group participants; however, it will also be made clear that the collaboration does not want information about individual incidents of violence, disclosures or case outcomes. The collaboration does not want any personally-identifiable information: Only service-related information is requested.

 Only permissive reporters will be in focus groups/interviews, so there is no threat of mandatory reporting if one discloses here. If a disclosure occurs during a focus group, everyone will be respectfully reminded we are trying to collect general information and do not need to know about individual instances of abuse. The group will be reminded we can connect them with someone to talk privately or individually if they chose. There will be a designated collaboration member at each focus group to facilitate this process. The designated collaboration member will use the resource sheet to identify possible sources of support for the individual based on type of abuse disclosed. Safety and confidentiality concerns will be addressed individually.

For resident-related focus groups, a resident may want to talk to the ombudsman assigned to that facility. All ombudsmen are permissive reporters and are not required to report instances of abuse. This will be explained to residents who disclose abuse. In the event of focus group disclosure, a collaboration member will refer an individual to the ombudsman for one-on-one assistance or to other resources on the resource sheet, so that each individual has support with needed information to pursue a chosen course of follow-up, if any. Each focus group will be staffed so that a designated collaboration member is available to assist individuals in connecting with the ombudsman or other resources, before, during or after the focus group proceedings.

For focus groups of people with disabilities, if a person discloses abuse, the facilitator will follow the procedure to steer people away from disclosures of abuse and the designated collaboration member will follow-up with that person and use the resource sheet to identify resources for that person so that each individual has support with needed information to pursue follow-up, if any. Each focus group will be staffed so that a designated collaboration member is available to assist individuals in connecting with resources, before, during or after the focus group.

Survivor-related focus group participants will be able to connect with a sexual assault advocate, if desired. Sexual assault advocates are mandatory reporters and this will be explained to the group, and to any individual in the event of disclosure before, during or after a focus group meeting.

For all groups, mandatory reporters will not be present during the focus group. When resources are offered, information is also given about mandatory reporting obligations. An individual may choose to follow-up with a sexual assault advocate of other resource who is a mandatory reporter. Additionally, participants will be notified that they may choose to follow up with a sexual assault advocate, but refrain from sharing any personal or identifying information, which would preclude a report. Efforts will be made so each individual has the information and support to follow a self-determined path of reporting or abuse response. A designated collaboration member will be available to assist any individual who may disclose, providing this information, and connecting one with a sexual assault advocate when desired.

**Consent**

The Collaboration will use a passive consent process, which also explains our confidentiality policies with all Needs Assessment participants. The statement will be read as part of the script for each Needs Assessment group or interview. Descriptions of consent in a focus group or interview will be short and easily understood; the facilitator will ask for assent (verbal, show of hands, or other acknowledgment). Once this statement has been read and acknowledged, participants will be told that if they stay they are showing their consent to participate in the Needs Assessment. For purposes of safety and confidentiality, consent will not be written.

Individuals with disabilities and survivors will also be told that it is okay if they choose to leave or end the interview at any time. A reminder about confidentiality will be made at the conclusion of every focus group.

Interviewers and facilitators will check for understanding before beginning the activity.

Facilitator/interview scripts for audiences are located in Appendix E.

**Safety considerations**

There are potential risks for those who participate in the needs assessment process, including survivors with disabilities. Something said during a focus group could trigger an unwelcome memory of a traumatic experience. Individuals could make statements during interviews or focus groups which could result in retaliation of an employer, care provider, or facility staff. A focus group participant may disclose information that is damaging, or may disclose abuse of another focus group participant. Abusers may discover information, such as an invitation to the focus group, which may translate to an environment that is not safe for a long-term care resident or other participant.

The collaboration has spent time discussing and planning to mitigate these and other potential risks for focus group participants. While the grant partners are mindful of common risks and has sought to eliminate these, it may not be possible to anticipate or eliminate all risks, though we will strive to do so. The need to acquire data for the needs assessment will be balanced with careful consideration of human vulnerability and respect.

Collaboration agencies will, to the extent possible, set up each focus group location so that it is a neutral, warm, welcome and comfortable environment. Retaliation, real or perceived, will inhibit conversation. Care will be taken to secure places that are familiar to the participants, if possible, and protect against interruptions or conversations that can be overheard by others.

It is acknowledged that decision-making, choice and the voice of individuals with disabilities may be too easily overridden by well-meaning individuals, unaware that they may be jeopardizing one’s autonomy. Therefore, only focus group participants and agency partners will be allowed in the room while focus groups are being conducted. Needed accommodations will be secured ahead of time, and discussion will be facilitated ahead of time so that this is clear to care providers, guardians, facility staff, family members or others who wish to participate. Those who would like to participate may do so through an interview, if possible.

Gift cards will be provided to each focus group participant who is a survivor, resident or person with a disability. These cards will be purchased per an RSVP number provided by the local recruiter to grant agencies. No personal information will be used for purposes of purchasing or disseminating gift cards.

**Safety considerations specific to resident focus group participants**

Privacy and confidentiality will be provided to residents of long-term care who communicate with grant partners, participate in needs assessment focus groups, or request accommodations for focus group participation. This is done to mitigate any possible fallout from complaints made against staff or a facility, complaints of inadequate policies or performance, or from having contact with grant partners. Residents will be supported to answer focus group or interview questions they choose, and will not be pressured to respond to anything that is uncomfortable. Autonomy and choice of residents will be respected at all times. Residents will be encouraged only to share information relevant to improving long-term care environments with appropriate advocacy and supports. Individuals who want to disclose abuse or have other complaints will be connected with local long term care ombudsman. If possible, the local long-term care ombudsman will plan their regular visits to the facility following the focus group. Focus groups and interview spaces will be safe and private places where confidentiality is protected, and this will be articulated to participants. Care will be taken to avoid any process or discussion that could traumatize individuals, and support will be provided to any individual who may experience re-traumatization. Mandatory reporting requirements, if any arise, will be clear to focus group participants before the focus group is initiated.

**Safety considerations specific to direct service staff, volunteers and managers or directors**

Above safety considerations will be incorporated as needed for staff and managerial focus groups. Additionally, focus group populations will not be mixed. Managers or directors will not be in the same focus group with staff. Volunteers will not be in the same focus group with staff if staff supervise the volunteers. This will mitigate fear of disclosing individual or organizational performance, policy, or managerial issues that are problematic or unflattering.

Participants who wish to see the needs assessment results will be informed they may access the key findings report on the DRW website in May, or if one does not have computer access, one can follow up with the focus group recruiter at that time.

**Preparation for focus groups, interviews and surveys**

Collaboration partners will:

* strive to support participants in being well informed and confident about their participation;
* select locations that enhance privacy and good communication;
* assure accessibility and full inclusion of all participants;
* frame discussions and questions objectively, with appropriate supports;
* frame discussions and questions in a manner to mitigate possible disclosure;
* present options to participants when possible;
* consult individually if one presents with a safety concern or need, and work through concerns with grant partners, holding individual autonomy and choice in highest regard;
* react individually to any concerns, questions or requests;
* designate one individual at each focus group event to be the ‘go-to’ person for questions, concerns, resources, etc.;
* For survivors, residents and people with disabilities, external resources will be available.

**Access considerations**

Full access is beyond physical and language access; the partnership meets people where they are; is intentional in thought about reaching survivors and those with increased potential for victimization; the survivors’ experiences influence and infuse the work of the partnership and the partner organizations to meet the needs of the survivors.

Within the needs assessment process accommodations are made to participants who need them. Accommodations include any supportive device, adjustment or action that enables the autonomy and independence of an individual with a disability. Accommodations will be provided so individuals can access the same information or benefit or participate equally in the process. Accommodations are varied and can be unique to an individual. Examples include: a wheelchair ramp; select seating: reviewing questions prior to a meeting; large print or Braille; modified technology, reading aloud during a meeting, etc.

The Collaboration is committed to making the needs assessment process fully accessible for everyone involved, including:

* Meeting locations and space are fully accessible
* Meeting times factor the need for accessible transportation, attendant care
* Locations will be selected based on availability of accessible public transportation
* If a fully private location is not available in a long-term care facility, focus group setup will be relocated, factoring accessible transportation considerations.
* Reasonable accommodations are provided upon request with advance notice
* Language interpretation will be provided for Deaf and non-English speaking participants when requested
* All project-related material or processes are adjusted to comport with universal design for a fully inclusive process. This includes any facility used, all developed materials, project process and implementation.
* Meetings will be flexible in nature, allowing for more breaks, structured facilitation with plain language, and allowing individuals to ask clarifying questions and/or give input freely.

Project partners and host sites will work together to meet participants’ accommodation needs. Recruiters will review and facilitate participant accommodation requests. Accommodations may be handled by the local recruiter or if needed, by filling out an accommodation request form or contacting the project director. The project director will work with the recruiter to arrange accommodations for individuals with disabilities participating in the needs assessment process. The project director will arrange for payment of accommodations if necessary.

 **Additional facilitation considerations**

The autonomy, respect and voices of focus group participants are held in highest regard as focus group proceedings move forward. Individuals will be informed of the purpose of the grant, and the purpose of the focus group, with full disclosure about the subject and scope of the project and about how information will be used, and why. The collaboration does not wish to further perpetuate the silence or stigma that surrounds sexual violence and will be frank and transparent that we are collecting information so we can improve our advocacy services to address sexual violence. The facilitator will be clear that we are not collecting information about incidents of abuse or sexual violence. While steps are taken to mitigate disclosure, it is recognized that individuals in this process may be struggling with past or ongoing abuse, and may find a venue here for disclosure where one did not exist before. While fulfilling the obligations of the grant, the collaboration will not shy away from these individuals; but will afford respect, safety and autonomy so that an individual may move forward with appropriate support in a manner that is self-determined. WCSAP and DRW have had a collaboration working at the intersection of sexual violence and disability and though they have not worked together in the long-term care system, are confident in working together with LTCOP using the resources identified to assist the few individuals who may disclose some type of abuse during a focus group.

The collaboration will use audio recording for the focus groups. The purpose of audio recording is to:

* backfill notes;
* revisit the experience for purposes of grant development, to assure alignment with vision and mission purposes;
* allow absent grant partners experience for educational purposes;
* hold development of work in alignment with the voices of people with disabilities;
* confirm accuracy of reporting: dispel any question or confusion that arises

Focus groups will not be video recorded. Consent for audio recording will take place before the focus group is initiated, with reassurance that no identifying information will be utilized and that the audio recording will be destroyed with the grant’s completion. Recording information will not be shared with Vera or OVW, or any outside organization. If, during the consent discussion, an individual decides not to participate in the focus group because of audio recording, an interview will be offered to that individual, if possible.

Rooms reservation time will be padded, recognizing that groups often get a late start, when people are dependent on accessible transportation, care attendants, etc. Time may be needed to make sure needed accommodations are in order. Once the group has started, the timeline will be clear and followed. Focus group will not typically last longer than 90 minutes. Staff groups will likely be done within an hour, in recognition of time constraints, and will likely start and stop on time with clear time limits. A timekeeper will assist facilitator with timekeeping as is needed to move through questions and collect as much information as possible in the limited timeframe.

Focus groups are designed to be organic in nature, and every attempt will be made to keep a comfortable flow. While facilitators have questions and conversation starters, interviewees/focus group participants will be allowed to give us the bulk of their own information.

To determine locations of the focus groups, collaboration agencies will factor where good relationships are already established with local partners, where meetings are already occurring, and where relationships are already established between focus group participants and an established comfort level exists. Additionally, the group will factor geographic and demographic diversity. Focus groups will be done in an urban setting, a rural setting, on the Eastern side of the state and on the Western side. Consideration will be incorporated to seek a sample that is representative of the population.

**Training plans**

**Training for local focus group recruiters**

Recruiters for local focus groups will be selected from across the state by each of the collaboration members, based on connections to local audiences, demonstrated interest in project and recruitment tasks, and willingness to participate. For example, a local advocate who facilitates a support group for sexual assault survivors may be contacted to see if there is interest in compiling a survivor focus group for purposes of the grant.

Web and/or conference call-based training will be provided to the local recruiters using the tools developed by the collaboration (FAQ, RSVP forms, etc.), for those across the state who recruit focus group participants or handle focus group logistics. The overall goals of the grant, in addition to the needs assessment work plan table will be reviewed, as well as the invitation and RSVP form. Recruiters will be shown how to sign people up for focus groups without using personally-identifying information. Steps for processing and coordinating accommodation requests with the project director will be reviewed. Guidelines for recruitment specific to audience will be provided. For example, the intention to not mix staff with supervisors will be made clear. Consent and confidentiality procedures will be reviewed carefully. Recruiters will understand that even though they may have information that would identify an individual focus group participant, that information should not be shared with collaboration agencies.

The frequently-asked-question (FAQ) sheet will be reviewed and questions answered so that it is clear what is expected of focus group participants. Recruiters will be encouraged to look for existing meeting locations and times wherein focus groups might occur as well. For example, a long-term care resident focus group may occur before or after a resident council meeting; agency focus groups may be conducted in lieu of a staff meeting; or a survivor focus group may occur immediately before or after a support group meeting. An [accessible meeting guideline](http://www.americanbar.org/content/dam/aba/administrative/mental_physical_disability/Accessible_Meetings_Toolkit.authcheckdam.pdf) booklet will also be provided, with discussion around selecting a venue that meets accommodations for disability, survivorship and resident needs. Discussion will include factoring privacy and confidentiality concerns, accessibility, as well as facilitation needs.

Recruiters will be asked to select an independent ombudsman (for residents) or sexual assault advocate (for survivors) to be available during and after the focus group for any individual who wants to debrief or discuss issues that arise related to a personal incident. This individual will not participate in the focus group proceedings. Likewise, the local recruiters will not participate in actual focus groups.

Local recruiters will be required to provide follow-up assistance. Because the recruiter already knows the identity of individual participants, the recruiter will serve as the contact for any additional questions. Focus group participants can share follow up thoughts, concerns, ideas or questions with the recruiter. The recruiter can then connect a participant to a collaboration agency with consent, or connect a participant to an ombudsman or sexual assault advocate, if indicated. If the recruiter is a mandatory reporter, this will be made clear to those who are recruited for focus groups, as well as detailed information about what happens with disclosure and how an individual’s direction is incorporated into that process.

The recruiter will also be asked to check in with focus group participants for evaluation and debrief purposes, if possible. In each long-term care facility where a focus group is conducted, the ombudsman will conduct at least one facility follow-up visit.

**Focus group training**

Collaboration members will conduct training for members and for local recruiters based on the needs assessment plan and tools developed for focus groups. There will be individualized coaching and training for collaboration members and other individuals who are involved in the development of local focus groups. For each focus group there will be collaboration partners in the roles of: a timekeeper/resource provider; a facilitator; a note-taker; and the partners who will debrief after the focus group, compiling and reviewing all notes and audio, looking for themes and findings; and individuals external to the collaboration: individuals available for additional external support; and a local recruiter. Each of these roles will be thoroughly explained and reviewed during the training before focus groups are conducted. Collaboration members will be available before, during and after focus groups are conducted to answer any questions of focus group participants or those involved in the focus group process. Collaboration members will serve as an intermediary with individuals who seek support of a local ombudsman or sexual assault advocate and are familiar with agreed-upon protocol for this process.

**Interview training**

Collaboration members will conduct all interviews. This process will consist of an interviewer and a note-taker. This may be one person or two people. This person or persons will be responsible for debriefing, compiling the information and noting any possible themes. Interviews will not be audio or video recorded.

**Survey training**

There is no anticipated training for surveys. These will be conducted utilizing an online web-survey platform. There will be a salutation from each partner agency head, short information about the grant and confidentiality, with the survey purpose provided at the beginning of the actual survey. Grant partners may review online survey information. The project director and project facilitator are responsible to record responses, analysis and themes.

**Work plans**

See the work plan table and the timeline, in Appendices A and B. Needs assessment focus groups will begin in January and will be completed by the end of February, 2014.

**Appendices /Materials**

Appendix A: Needs assessment work plan table

Appendix B: Needs assessment timeline

Appendix C: Materials list

Appendix D: Focus group frequently asked questions

Appendix E: Focus group and interview scripts

Appendix F: Focus group and interview questions

Appendix G: Focus group invitations

Appendix H: Focus group RSVP and accommodation request form

Appendix I. Forms: Focus group debrief form; resource sheet; gift card documentation

Appendix J. Survey questions and scripts for surveys

**Appendix A**

**Needs assessment work plan table**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Audience**  | **Method**(include # groups) | **Purpose (Goals)** | **Participant Number** (Projected) | **Partner Agency**  | **Tools**  |
| Constituent audiences |  |  |  |  |  |
| Survivors of sexual violence  | Focus group (2-3)Interview (0-2)  | Identify, per residents, survivors and people with disabilities, what makes a respectful, safe, violence-free, empowering service environment. | 5-10 per group | WCSAP | **Focus group** FAQs Facilitator scriptsFocus group questions Gifts cards& documentation form InvitationRSVP with accommodation requests Debriefing form Resource sheets **Interview** questionsInterview script Resource sheets  |
| Residents of LTC  | Focus group (2-3)Interview (0-3) | As above  | 3-10 (per group - depends on facility type) | LTCO | **Focus group** FAQs Facilitator scriptsFocus group questions Gifts cards& documentation form InvitationRSVP with accommodation requests Debriefing form Resource sheets **Interview** questionsInterview scripts Resource sheet  |
| People with disabilities  | Focus group (2-3) Interview (0-2) | As above  | 5-10 per group  | DRW | **Focus group** FAQs Facilitator scriptsFocus group questions Gifts cards& documentation form InvitationRSVP with accommodation requests Debriefing form Resource sheets **Interview questions** Interview scriptResource sheet  |
| Legal decision makers Family members Personal care attendants (people who are acting on behalf of an individual unable to participate)  | Interview (0-3) done only upon request  | Identify, per supporting decision-makers what makes a respectful, safe, violence-free, empowering service environment. | 0-3 total | NA – Upon request | RSVP with accommodation requests Debriefing form Resource sheets **Interview questions** Interview script Resource sheet  |
| Local disability advocacy organization(Centers for Independent Living, Arc, Alzheimer’s Association, MS Society, Brain Injury Support Group Network, etc.)   | Interviews (3-6) | Identify current advocacy provision practices to assess strengths and gaps. Identify what capacity would be required to refine and enhance advocacy and technical assistance provision for those with disabilities who experience sexual violence in long term care.Identify existing relationships between constituents at all levels, from state to local level. Assess what is needed to build and solidify relationships.  | 3-6 total  | DRW  | Invitation RSVP with accommodation requestsDebriefing form **Interview questions** Interview scriptResource sheet  |
| **Audience**  | **Method**(include # groups) | **Purpose**  | **Participant Number** (Projected) | **Partner Agency**  | **Tools**  |
| Internal audiences  |  |  |  |  |  |
| Boards of Directors(DRW; MSC; WCSAP)Advisory councils(LTCO; DRW – DAC/MHAC) | Surveys  | Identify each organization’s capacity to provide training and technical assistance to constituents serving those who experience sexual violence in long term care.  | 10-15 total | All  | Survey script Survey questionnaire |
| Executive staffpartner agencies (Include LTCOP state staff person here) | Interviews (4) | As above  |  4 total | All  | Interview scriptInterview questions Resource sheet  |
| Regional ombudsmen (directors)  They contract with the state LTCOP office, hire and manage staff, recruit and manage volunteers  | Focus group (1) Interviews optional  | As above | 3-5 total | LTCO  | FAQs Facilitator scriptsFocus group questions InvitationRSVP with accommodation requests Debriefing form Resource sheets Interview questions Interview script Resource sheet  |
| Staff of partner agencyStaff of DRW, WCSAP(LTCOP included in interviews) | Focus group (2) | Identify current advocacy provision practices to assess strengths and gaps. Identify what capacity would be required to refine and enhance advocacy and technical assistance provision for those with disabilities who experience sexual violence in long term care.Identify existing relationships between constituents at all levels, from state to local level. Assess what is needed to build and solidify relationships. Identify each organization’s capacity to provide training and technical assistance to constituents serving those who experience sexual violence in long term care.  | 5-10 per agency  | WCSAP DRW (LTCOP already covered ) | FAQs Facilitator scriptsFocus group questions InvitationRSVP with accommodation requests Debriefing form Resource sheets  |
| Local ombudsman staff Paid staff at the local ombudsman level.  | Interviews and/or focus group if enough participants  | Identify existing relationships between constituents at all levels, from state to local level. Assess what is needed to build and solidify relationships. Identify local ombudsman organization’s capacity to provide training and technical assistance to constituents serving those who experience sexual violence in long term care.  | 2-6 interviews or a focus group  | LTCO | FAQs Facilitator scriptFocus group questions (use staff/volunteer ombudsman focus group questions for interview) InvitationRSVP with accommodation requests Debriefing form Resource sheet  |
| Local ombudsman volunteers(Volunteer ombudsman at the local level.)   | Focus group (3) or Interviews, depending on number | Identify current advocacy provision practices to assess strengths and gaps. Identify what capacity would be required to refine and enhance advocacy and technical assistance provision for those with disabilities who experience sexual violence in long term care.Identify existing relationships between constituents at all levels, from state to local level. Assess what is needed to build and solidify relationships.  | Up to 3 interviews and/or 2-6 participants per focus group  | LTCO | FAQs Facilitator scriptFocus group questions (use for interview also)InvitationRSVP with accommodation requests Debriefing form Resource sheets  |
| External audiences  |  |  |  |  |  |
| Executive director of local programs (SA)   | Interviews | Identify each organization’s capacity to provide training and technical assistance to constituents serving those who experience sexual violence in long term care.Identify existing relationships between constituents at all levels, from state to local level. Assess what is needed to build and solidify relationships. Identify current advocacy provision practices to assess strengths and gaps. Identify what capacity would be required to refine and enhance advocacy and technical assistance provision for those with disabilities who experience sexual violence in long term care. | 3 total | WCSAP | Interview scriptInterview questions Resource sheet  |
| Direct service management (SA)  | Interviews or small group depending on how many direct service management are on site  | As above  | 3 total  | WCSAP  | FAQs Facilitator scriptsFocus group questions InvitationRSVP with accommodation requests Debriefing form Resource sheets Interview questions Interview scriptResource sheet  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Audience**  | **Method**(include # groups) | **Purpose**  | **Participant Number** (Projected) | **Partner Agency**  | **Tools**  |
| SA local advocate staff   | Focus group (3) | Identify current advocacy provision practices to assess strengths and gaps. Identify what capacity would be required to refine and enhance advocacy and technical assistance provision for those with disabilities who experience sexual violence in long term care.Identify existing relationships between constituents at all levels, from state to local level. Assess what is needed to build and solidify relationships.  | 2-5 per group  | WCSAP  | FAQs Facilitator scriptsFocus group questions InvitationRSVP with accommodation requests Debriefing form Resource sheets  |
| SA local volunteers If very few volunteers, may add to advocate staff focus group  | Focus group (3) | Identify current advocacy provision practices to assess strengths and gaps. Identify what capacity would be required to refine and enhance advocacy and technical assistance provision for those with disabilities who experience sexual violence in long term care. | 2-5 per group | WCSAP  | FAQs Facilitator scriptsFocus group questions InvitationRSVP with accommodation requests Debriefing form Resource sheets  |

**Appendix B**

**Timeline**

October 2013 – January 2014

• Needs Assessment Plan (plan written and approved, planning, recruitment and training for needs assessment)

January 2014 – February 2014

• Needs Assessment Process – conduct focus groups, interviews and surveys and begin analysis

March 2014 – May 2014

• Needs Assessment Report and Strategic Planning (April 30 – May 1 26-27 confirmed with Vera)

May 2014 –September 2015

• Implementation

**Appendix C**

**Needs assessment material list**

|  |  |
| --- | --- |
| Item  | Audience  |
| Facilitator scripts for Focus groups and interviews  | Survivors  |
|  | Residents  |
|  | People with disabilities |
|  | Executive directors of partner agencies (use all agency script) |
|   | DRW agency staff(use all agency script) |
|  | WCSAP agency staff (use all agency script) |
|  | LTCO agency staff (use all agency script) |
|  | Executive director of local programs (SA)(use all agency script) |
|  | Direct service management (SA) (optional, depending on #) (use all agency script) |
|  | SA local advocates staff (use all agency script) |
|  | SA local volunteers (use all agency script) |
|   | Regional ombudsman(use all agency script) |
|  | Local ombudsman staff (use all agency script) |
|  | Local ombudsman volunteers (use all agency script) |
| Survey script & Survey | Boards of Directors: DRW, WCSAP, MSC Advisory councils LTCO, DRW, DAC/MHAC  |
| Focus group invitations  | All |
| Focus group RSVP w accommodation request | All |
|  |  |
| Focus group & interview debrief forms  | All  |
| Resource sheet  | All  |
| Gift card documentation form  | Survivors, residents and people with disabilities   |
| Focus group & interview questions  | Survivors  |
|  | Residents of LTC |
|  | People with disabilities  |
|  | Executive directors of DRW, WSCAP, LTCOP  |
|  | Agency staff DRW |
|  | Agency staff WCSAP |
|  | Agency staff LTCOP |
|  | Executive directors of local programs (SA)(interviews only) |
|  | Direct service management (SA)(interviews only) |
|  | Local advocate staff & volunteers (SA)  |
|  | Regional ombudsman  |
|  | Local ombudsman staff and volunteers |
|  | Disability advocacy organizations (interview only)  |
| FAQ focus group  | Survivors  |
|   | Residents   |
|   | People with disabilities  |
|   | DRW staff and recruiter  |
|   | WCSAP, SA staff and recruiter  |
|  | LTCO staff and recruiter  |
| Needs Assessment plan  | Collaboration |
| Needs assessment work plan table  | Collaboration  |
| Needs assessment timeline  | Collaboration  |

**Appendix D**

**Focus group frequently asked questions (FAQ)**

**FAQ for Survivors invited to Focus Group**

**Why do you want to talk to me?**

We are collecting information to improve advocacy for people who experience sexual violence in long-term care settings. To understand what needs to change, we are interviewing people from a wide range of experiences related to advocacy and support in addressing sexual violence. We are convening separate focus groups of people with disabilities, long-term care residents, survivors of sexual assault, LTC ombudsmen and sexual assault advocates. We would like to know, based upon your experience, what is helpful and what doesn’t work.

We will collect general information to put together a report on how to improve advocacy for people who experience sexual assault in long term care.

**Do I have to participate?**

You are welcome to share information with us; but you do not have to. You may choose to answer some questions but not others. It is okay if you decide not to continue to participate during the discussion. You may leave the focus group at any time.

**What information are you collecting?**

We are collecting information to enhance advocacy or supports that are delivered to people with disabilities who experience sexual violence. Our goal is to collect experiences to identify trends and examples of what can be helpful and what can be a barrier to support. We do not want to talk about specific experiences of sexual violence.

**Is it safe for me to talk to you? What will be done with what I give you?**

We will do everything we can to make sure this is process is safe and protective of your privacy The focus groups are closed and have not been publicly advertised. All information collected and analyzed will be used by us to better plan for services for survivors of sexual violence in long-term care. We are not collecting personally identifying information. We will not use any data that could be used to identify someone in our report. The information you give us will be recorded with audio and note takers.

Information you share will be used to compile the report, and destroyed at grant completion, so that no notes, no audio and no personal information remains. We will organize the focus groups so that they are private, in a location where participants cannot be overheard. Only people invited will be allowed to participate in this focus group.

**If I have concerns about my safety, or if something we discuss bothers me, what do I do?**

We are focused on advocacy service delivery. We do not want personal information about sexual assault or violence. However, if you or someone you love has experienced sexual violence, some of what is discussed may be unsettling. You may follow up with \_\_\_\_\_\_\_\_\_\_ (CSAP number; advocate on location to provide individual support)

**What do I get**?

You will get a $20 gift card to a local store for participating in the survey.

**What if I lose my gift?**

Please keep track of your gift and don’t lose it. We are unable to replace gift cards.

**If you aren’t going to use my information, why do I have to RSVP?**

When you RSVP, we know how many snacks to bring, how many gift cards to purchase, what accommodations are needed, and whether or not we have enough people to conduct a focus group. This helps us with our planning, so that your experience goes more smoothly. No personally identifying information is needed.

 **Who can participate in focus groups?**

Only an attendee who has been invited and RSVP’d may participate. We will try to accommodate participation needs. A guest invited by the RSVP’d attendee will not be permitted to attend a focus group. We may provide a private survey or interview for anyone who wants to participate in a focus group but is unable to do so.

**Are there accommodations available to support my participation**?

Absolutely. Please let us know, when you RSVP, if you need any accommodations. These will be provided with notice. We need two weeks to set up sign language or English language interpreters, Braille or large print, or CART (Communication Access Real-Time Translation). We will work ahead of time to make sure the facility is accessible, too.

**Whom do I contact if I have additional questions or concerns?**

You may follow up with the person who invited you to the focus group.

(Fill in name and contact info of local recruiter. Recruiter will triage and direct calls accordingly.)

**FAQ for Residents invited to Focus Group**

**Why do you want to talk to me?**

We want to you talk about how to improve the service system in long term care. We are convening separate focus groups of people with disabilities, long-term care residents, survivors of sexual assault, LTC ombudsmen and sexual assault advocates. This information will be used to inform our work. We will ask you some questions about services and how improvements can be made.

Disability Rights Washington, Washington Coalition of Sexual Assault Programs, the Washington State Long Term Care Ombudsman Program are collaborating to build our ability to work with survivors of sexual violence who live in long-term care facilities; such as adult family homes and nursing homes.

We will collect general information to put together a report on how to improve advocacy services for people in long term care.

 **Do I have to participate?**

You are welcome to share information with us; but you do not have to. You may choose to answer some questions but not others. It is okay if you decide not to continue to participate during the discussion. You may leave the focus group at any time.

**Is it safe for me to talk to you? What information are you collecting?**

We will do everything we can to make sure this is process is safe and protective of your privacy The focus groups are closed and have not been publicly advertised. All information collected and analyzed will be used by us to better plan for advocacy services in long-term care. We are not collecting personally identifying information. We will not use any data that could be used to identify someone in our report. The information you give us will be recorded with audio and note takers.

Information you share will be used to compile the report, and destroyed at grant completion, so that no notes, no audio, and no personal information remains. We will organize the focus groups so that they are private, in a location where participants cannot be overheard. Only people with a disability are allowed to participate in this focus group.

**If I have concerns about my safety, or if something we discuss bothers me, what do I do?**

Sometimes people worry about speaking up about issues. This focus group is not about specific problems where you live. If you have concerns you want to address, we will have resources available for you. We will focus on advocacy service delivery. We do not want personal information about sexual assault or violence. However, if you would like to talk to someone privately about these issues afterwards, we will have resources available.

**What do I get**?

You will get a $20 gift card to a local store for participating in the survey.

**What if I lose my gift?**

Please keep track of your gift and don’t lose it. We are unable to replace gift cards.

**If you aren’t going to use my information, why do I have to RSVP?**

When you RSVP, we know how many snacks to bring, how many gift cards to purchase, what accommodations are needed, and whether or not we have enough people to conduct a focus group. This helps us with our planning, so that your experience goes more smoothly. No personally identifying information is needed.

**Who can participate in focus groups?**

Only an attendee who has been invited and RSVP’d may participate. We will try to accommodate participation needs. Family members, facility staff members, guardians, personal care attendants or others will not be permitted to attend a focus group. We may provide an interview for someone who wants to participate in a focus group but is unable to do so.

**Are there accommodations available to support my participation**?

Absolutely. Please let us know, when you RSVP, if you need any accommodations. These will be provided with notice. We need two weeks to set up sign language or English language interpreters, Braille or large print, or CART (Communication Access Real-Time Translation). We will work ahead of time to make sure the facility is accessible, too.

**Whom do I contact if I have additional questions or concerns?**

You may follow up with the person who invited you to the focus group.

(Fill in name and contact info of local recruiter. Recruiter will triage and direct calls accordingly.)

**FAQ for People with Disabilities invited to Focus Group**

**Why do you want to talk to me?**

We want to you talk about how to improve the service system in long term care. We are convening separate focus groups of people with disabilities, long-term care residents, survivors of sexual assault, LTC ombudsmen and sexual assault advocates. This information will be used to inform our work. We will ask you some questions about services and how improvements can be made.

Disability Rights Washington, Washington Coalition of Sexual Assault Programs, the Washington State Long Term Care Ombudsman Program are collaborating to build our ability to work with survivors of sexual violence who live in long-term care facilities; such as adult family homes and nursing homes.

We will collect general information to put together a report on how to improve advocacy service for people in long term care.

**Do I have to participate?**

You are welcome to share information with us; but you do not have to. You may choose to answer some questions but not others. It is okay if you decide not to continue to participate during the discussion. You may leave the focus group at any time.

**Is it safe for me to talk to you? What information are you collecting?**

We will do everything we can to make sure this is process is safe and protective of your privacy The focus groups are closed and have not been publicly advertised. All information collected and analyzed will be used by us to better plan for advocacy services in long-term care. We are not collecting personally identifying information. We will not use any data that could be used to identify someone in our report. The information you give us will be recorded with audio and note takers.

Information you share will be used to compile the report, and destroyed at grant completion, so that no notes, no audio, and no personal information remains. We will organize the focus groups so that they are private, in a location where participants cannot be overheard. Only people with a disability are allowed to participate in this focus group.

**If I have concerns about my safety, or if something we discuss bothers me, what do I do?**

Sometime people worry about speaking up about issues. This focus group is not about specific problems you might have. If you have concerns you want to address, we will have resources available for you. We will focus on advocacy service delivery. We do not want personal information about sexual assault or violence. However, if you would like to talk to someone privately about these issues afterwards, we will have resources available.

**What do I get**?

You will get a $20 gift card to a local store for participating in the survey.

**What if I lose my gift?**

Please keep track of your gift and don’t lose it. We are unable to replace gift cards.

**If you aren’t going to use my information, why do I have to RSVP?**

When you RSVP, we know how many snacks to bring, how many gift cards to purchase, what accommodations are needed, and whether or not we have enough people to conduct a focus group. This helps us with our planning, so that your experience goes more smoothly. No personally identifying information is needed.

**Who can participate in focus groups?**

Only an attendee who has been invited and RSVP’d may participate. We will try to accommodate participation needs. Family members, facility staff members, guardians, personal care attendants or others will not be permitted to attend a focus group. We may provide an interview for someone who wants to participate in a focus group but is unable to do so.

**Are there accommodations available to support my participation**?

Absolutely. Please let us know, when you RSVP, if you need any accommodations. These will be provided with notice. We need two weeks to set up sign language or English language interpreters, Braille or large print, or CART (Communication Access Real-Time Translation). We will work ahead of time to make sure the facility is accessible, too.

**Whom do I contact if I have additional questions or concerns?**

You may follow up with the person who invited you to the focus group.

(Fill in name and contact info of local recruiter. Recruiter will triage and direct calls accordingly.)

**FAQ for DRW staff invited to Focus Group**

**Why do you want to talk to me?**

We are collecting information to improve advocacy for people who experience sexual violence in long-term care. To understand what needs to change, we are interviewing people from a wide range of experiences related to advocacy and support in addressing sexual violence. We are also convening separate focus groups of people with disabilities, long-term care residents, survivors of sexual assault, Long Term Care ombudsmen and sexual assault advocates. We would like to know based upon your experience what is helpful and what doesn’t work.

We will collect general information to put together a report on how to improve advocacy for people who experience sexual assault in long term care.

**Do I have to participate?**

You are welcome to share information with us; but you do not have to. You may choose to answer some questions but not others. It is okay if you decide not to continue to participate during the discussion. You may leave the focus group at any time.

**What information are you collecting?**

We are collecting information to enhance advocacy and supports that are delivered to people with disabilities who experience sexual violence. Our goal is to collect experiences to identify trends and examples of what can be helpful and what can be a barrier to support.

**Is it safe for me to talk to you? What will be done with what I give you?**

We will do everything we can to make sure this process is safe and protective of your privacy. The focus groups are open to only the invited attendees. Attendees are grouped by their role and responsibilities within the organization. All information collected and analyzed will be used by us to better plan for services for survivors of sexual violence in long-term care. We are not collecting personally identifying information. We will not use any data that could be used to identify someone in our report. The information you give us will be recorded with audio and note takers.

**What is being done to make this process safe and comfortable?**

Information you share will be used to compile the report, and destroyed at grant completion, so that no notes, no audio, and no personal information remains. We will organize the focus groups so that they are private, in a location where participants cannot be overheard. Only people invited will be allowed to participate in this focus group.

**If I have concerns about my safety, or if something we discuss bothers me, what do I do?**

We are focused on advocacy service delivery. We do not want personal information about sexual assault or violence. However, if you or someone you love has experienced sexual violence, some of what is discussed may be unsettling. You may follow up with \_\_\_\_\_\_\_\_\_\_ (insert CSAP)

**If you aren’t going to use my information, why do I have to RSVP?**

When you RSVP, we know what accommodations are needed, and whether or not we have enough people to conduct a focus group. This helps us with our planning, so that your experience goes more smoothly. No personally identifying information is needed.

 **Who can participate in focus groups?**

Only an attendee who has been invited and RSVP’d may participate. We will try to accommodate participation needs. A guest invited by the RSVP’d attendee will not be permitted to attend a focus group.

**Are there accommodations available to support my participation**?

Absolutely. Please let us know, when you RSVP, if you need any accommodations. These will be provided with notice. We need two weeks to set up sign language or English language interpreters, Braille or large print, or CART (Communication Access Real-Time Translation). We will work ahead of time to make sure the facility is accessible, too.

**Whom do I contact if I have additional questions or concerns?**

You may follow up with the person who invited you to the focus group.

(Fill in name and contact info of local recruiter. Recruiter will triage and direct calls accordingly.)

**FAQ for Sexual Assault Advocates (WCSAP, Local SA staff) and volunteers invited to Focus Group**

**Why do you want to talk to me?**

We are collecting information to improve advocacy for people who experience sexual violence in long-term care. To understand what needs to change, we are interviewing people from a wide range of experiences related to advocacy and support in addressing sexual violence. We are convening separate focus groups of people with disabilities, long-term care residents, survivors of sexual assault, LTC ombudsmen and sexual assault advocates. We would like to know, based upon your experience, what is helpful and what doesn’t work.

We will collect general information to put together a report on how to improve advocacy for people who experience sexual assault in long term care.

**Do I have to participate?**

You are welcome to share information with us; but you do not have to. You may choose to answer some questions but not others. It is okay if you decide not to continue to participate during the discussion. You may leave the focus group at any time.

**What information are you collecting?**

We are collecting information to enhance advocacy or supports that are delivered to people with disabilities who experience sexual violence. Our goal is to collect experiences to identify trends and examples of what can be helpful and what can be a barrier to support.

**Is it safe for me to talk to you? What will be done with what I give you?**

We will do everything we can to make sure this process is safe and protective of your privacy. The focus groups are open to only the invited attendees. Attendees are grouped by their role and responsibilities within the organization. All information collected and analyzed will be used by us to better plan for services for survivors of sexual violence in long-term care. We are not collecting personally identifying information. We will not use any data that could be used to identify someone in our report. The information you give us will be recorded with audio and note takers.

**What is being done to make this process safe and comfortable?**

Information you share will be used to compile the report, and destroyed at grant completion, so that no notes, no audio, and no personal information remains. We will organize the focus groups so that they are private, in a location where participants cannot be overheard. Only people invited will be allowed to participate in this focus group.

**If I have concerns about my safety, or if something we discuss bothers me, what do I do?**

We are focused on advocacy service delivery. We do not want personal information about sexual assault or violence. However, if you or someone you love has experienced sexual violence, some of what is discussed may be unsettling. You may follow up with \_\_\_\_\_\_\_\_\_\_ (CSAP)

**If you aren’t going to use my information, why do I have to RSVP?**

When you RSVP, we know what accommodations are needed, and whether or not we have enough people to conduct a focus group. This helps us with our planning, so that your experience goes more smoothly. No personally identifying information is needed.

 **Who can participate in focus groups?**

Only an attendee who has been invited and RSVP’d may participate. We will try to accommodate participation needs. A guest invited by the RSVP’d attendee will not be permitted to attend a focus group.

**Are there accommodations available to support my participation**?

Absolutely. Please let us know, when you RSVP, if you need any accommodations. These will be provided with notice. We need two weeks to set up sign language or English language interpreters, Braille or large print, or CART (Communication Access Real-Time Translation). We will work ahead of time to make sure the facility is accessible, too.

**Whom do I contact if I have additional questions or concerns?**

You may follow up with the person who invited you to the focus group.

(Fill in name and contact info of local recruiter. Recruiter will triage and direct calls accordingly.)

**FAQ for Long Term Care Ombudsman staff (State, Regional and local) and volunteers invited to Focus Group**

**Why do you want to talk to me?**

We are collecting information to improve advocacy for people who experience sexual violence in long-term care. To understand what needs to change, we are interviewing people from a wide range of experiences related to advocacy and support in addressing sexual violence. We are convening separate focus groups of people with disabilities, long-term care residents, survivors of sexual assault, LTC ombudsmen and sexual assault advocates. We would like to know, based upon your experience, what is helpful and what doesn’t work.

We will collect general information to put together a report on how to improve advocacy for people who experience sexual assault in long term care.

**Do I have to participate?**

You are welcome to share information with us; but you do not have to. You may choose to answer some questions but not others. It is okay if you decide not to continue to participate during the discussion. You may leave the focus group at any time.

**What information are you collecting?**

We are collecting information to enhance advocacy or supports that are delivered to people with disabilities who experience sexual violence. Our goal is to collect experiences to identify trends and examples of what can be helpful and what can be a barrier to support.

**Is it safe for me to talk to you? What will be done with what I give you?**

We will do everything we can to make sure this is process is safe and protective of your privacy. The focus groups are open to only the invited attendees. Attendees are grouped by their role and responsibilities within the organization. All information collected and analyzed will be used by us to better plan for services for survivors of sexual violence in long-term care. We are not collecting personally identifying information. We will not use any data that could be used to identify someone in our report. The information you give us will be recorded with audio and note takers.

**What is being done to make this process safe and comfortable?**

Information you share will be used to compile the report, and destroyed at grant completion, so that no notes, no audio, and no personal information remains. We will organize the focus groups so that they are private, in a location where participants cannot be overheard. Only people invited will be allowed to participate in this focus group.

**If I have concerns about my safety, or if something we discuss bothers me, what do I do?**

We are focused on advocacy service delivery. We do not want personal information about sexual assault or violence. However, if you or someone you love has experienced sexual violence, some of what is discussed may be unsettling. You may follow up with \_\_\_\_\_\_\_\_\_\_ (CSAP or Ombudsman).

**If you aren’t going to use my information, why do I have to RSVP?**

When you RSVP, we know what accommodations are needed, and whether or not we have enough people to conduct a focus group. This helps us with our planning, so that your experience goes more smoothly. No personally identifying information is needed.

**Who can participate in focus groups?**

Only an attendee who has been invited and RSVP’d may participate. We will try to accommodate participation needs. A guest invited by the RSVP’d attendee will not be permitted to attend a focus group.

**Are there accommodations available to support my participation**?

Absolutely. Please let us know, when you RSVP, if you need any accommodations. These will be provided with notice. We need two weeks to set up sign language or English language interpreters, Braille or large print, or CART (Communication Access Real-Time Translation). We will work ahead of time to make sure the facility is accessible, too.

**Whom do I contact if I have additional questions or concerns?**

You may follow up with the person who invited you to the focus group.

(Fill in name and contact info of local recruiter. Recruiter will triage and direct calls accordingly.)

**Appendix E**

**Focus group and interview scripts**

**Focus Group Facilitator Script: Survivors**

No individual interviews planned with survivors.

**Script**

**Check-in**

Before we get started with the focus group I want to check to see if everyone has what they need to participate. Please let me know if you would like a question repeated or if I need to speak louder or anything else that will make this work for you. I will check-in with you throughout the discussion.

**Introductions**

My name is – I work for –

Each facilitator and focus group staff person introduce accordingly

Thank you for volunteering your time to participate today. Your expertise on this subject is very important for our success. We are here because you have important information for us, and we really want to hear from you*.* We want this experience to be comfortable for you and have done everything we can to make it so. If you do not have a needed accommodation or if there is something we have not thought of that would make this focus group better for you, please let us know.

**Purpose:**

Disability Rights Washington, Washington Coalition of Sexual Assault Programs, the Washington State Long Term Care Ombudsman Program and the Office on Violence against Women are collaborating to build advocacy capacity for survivors of sexual violence who live in long-term care facilities in Washington.

**Confidentiality policy**:

All information collected and analyzed will be used by this collaboration to better plan for services for survivors of sexual violence in long term care. No personally identifiable information will be used at any time by this collaboration in the needs assessment report, the findings, or the implementation of the project.

These focus groups are closed and have not been publicly advertised. We ask you to keep what is said in this room private. We encourage you to protect the privacy of yourself and others, and refrain from talking about what is said here. We want everyone to feel free to share their ideas and comments.

We will ask you some questions about services and how improvements can be made. Your answers will be audio-recorded and captured in notes taken on a computer. If you do not wish to recorded, you can leave the focus group. If you choose to leave, we can arrange to interview you to collect the information. By staying, you have given your consent to be recorded.

Information gathered will be used collectively to identify themes, issues, trends or patterns in a final needs assessment report. Notes, recordings, surveys, RSVP forms, accommodation requests, etc. will be protected, and then destroyed after grant completion.

We want to talk about how to improve the service systems in long-term care, to eliminate sexual violence where possible, and to make sure individuals who experience sexual violence receive respectful advocacy and supports. We are not here today to discuss specific incidences of sexual abuse, assault or violence. We are not required by law, as some are, to report vulnerable adult abuse, and it is unlikely disclosure will trigger a report to a third-party; however, while we may keep information confidential, we cannot control what information others in the focus group share. If there is information you wish to protect, you should not share it in this setting.

Some of the content we discuss today may trigger unpleasant memories or cause one to recall a traumatic event. Though this is not our intention, and we will do our best to facilitate away from these discussions, in the event that you would like to follow up with a sexual assault advocate during or after today’s presentation, you may do so, and we will provide that contact information for you.

You may choose to leave the focus group at any time. Your participation in this focus group is voluntary and you can end your participation whenever you want. We encourage your full participation however, you may choose not to answer any question.

If you have heard something today that has caused you to reach a decision to not participate and you would like to leave, you may do so now.

Pause to allow participants to leave

**Passive consent clause:** If you stay, you are consenting to participate in the needs assessment. This means that if you stay, you understand and agree to the information we just shared, and that you want to participate.

**Focus Group Facilitator Script: Residents**

This script is also used for any interviews with residents with disabilities. The person conducting the interview will skip the text in the gray shaded boxes.

**Script**

**Check-in**

Before we get started with the focus group I want to check to see if everyone has what they need to participate. Please let me know if you would like a question repeated or if I need to speak louder or anything else that will make this work for you. I will check-in with you throughout the discussion.

**Introductions**

My name is – I work for –

Each facilitator and focus group staff person introduce accordingly

Thank you for volunteering your time to participate today. Your expertise on this subject is very important for our success. We are here because you have important information for us, and we really want to hear from you*.* We want this experience to be comfortable for you and have done everything we can to make it so.

**Purpose**

Disability Rights Washington, Washington Coalition of Sexual Assault Programs, the Washington State Long Term Care Ombudsman Program are collaborating to build our ability to work with survivors of sexual violence who live in long-term care facilities; such as adult family homes and nursing homes.

**Confidentiality policy**

All information collected and analyzed will be used by this collaboration to better plan for services. No personally identifiable information will be used at any time by this collaboration in the needs assessment report, the findings, or the implementation of the project.

This focus group/interview is closed and has not been publicly advertised. We ask you to keep what is said in this room private. We encourage you to protect the privacy of yourself and others, and refrain from talking about what is said here. We want everyone to feel free to share their ideas and comments. Therefore, we have asked that only invited attendees participate.

We want to talk about how to improve the service system in long term care. This information will be used to inform our work. We will ask you some questions about services and how improvements can be made. Your answers will be audio-recorded and captured in notes taken on a computer. If you do not wish to recorded, you can leave the focus group. If you choose to leave, we can arrange to interview you to collect the information. By staying, you have given your consent to be recorded. Information gathered will be used collectively to identify themes, issues, trends or patterns in a final needs assessment report. Notes, recordings, surveys, RSVP forms, accommodation requests, etc. will be protected, and then destroyed after grant completion.

Today, we want only general information about services. We are not here to discuss your (or someone you know) experiences of sexual abuse, assault, or violence. We are not required by law, as some are, to report vulnerable adult abuse, and it is unlikely disclosure will trigger a report to a third-party; however, while we may keep information confidential, we cannot control what information others in the focus group share. If there is information you wish to protect, you should not share it in this setting. If you would like to talk about those issues please see us privately and we will provide you with resources. We encourage you to take care of your needs today. If you need to take a break during the focus group, feel free to do so whenever you need.

You may choose to leave the focus group/interview at any time. Your participation in this focus group/interview is voluntary and you can end your participation whenever you want. We encourage your full participation however, you may choose not to answer any question and if you would be more comfortable doing an interview as opposed to participating in the focus group, that can be arranged.

If you have heard something today that has caused you to reach a decision to not participate and you would like to leave, you may do so now.

Pause to allow participants to leave

**Passive consent clause:** If you stay, you are consenting to participate in the needs assessment. This means that if you stay, you understand and agree to the information we just shared, and that you want to participate.

**Focus Group Facilitator Script: People with Disabilities**

This script is also used for any interviews with people with disabilities. The person conducting the interview will skip the text in the gray shaded boxes.

**Script**

**Check-in**

Before we get started with the focus group I want to check to see if everyone has what they need to participate. Please let me know if you would like a question repeated or if I need to speak louder or anything else that will make this work for you. I will check-in with you throughout the discussion.

**Introductions**

My name is – I work for –

Each facilitator and focus group staff person introduce accordingly

Thank you for volunteering your time to participate today. Your expertise on this subject is very important for our success. We are here because you have important information for us, and we really want to hear from you*.* We want this experience to be comfortable for you and have done everything we can to make it so.

**Purpose**

Disability Rights Washington, Washington Coalition of Sexual Assault Programs, the Washington State Long Term Care Ombudsman Program are collaborating to build our ability to work with survivors of sexual violence who live in long-term care facilities; such as adult family homes and nursing homes.

**Confidentiality policy**

All information collected and analyzed will be used by this collaboration to better plan for services. No personally identifiable information will be used at any time by this collaboration in the needs assessment report, the findings, or the implementation of the project.

This focus group/interview is closed and has not been publicly advertised. We ask you to keep what is said in this room private. We encourage you to protect the privacy of yourself and others, and refrain from talking about what is said here. We want everyone to feel free to share their ideas and comments. Therefore, we have asked that only invited attendees participate.

We want to talk about how to improve the service system in long term care. This information will be used to inform our work. We will ask you some questions about services and how improvements can be made. Your answers will be audio-recorded and captured in notes taken on a computer. If you do not wish to recorded, you can leave the focus group. If you choose to leave, we can arrange to interview you to collect the information. By staying, you have given your consent to be recorded. Information gathered will be used collectively to identify themes, issues, trends or patterns in a final needs assessment report. Notes, recordings, surveys, RSVP forms, accommodation requests, etc. will be protected, and then destroyed after grant completion.

Today, we want only general information about services. We are not here to discuss the experiences of sexual abuse, assault, or violence of yours or of someone you know. We are not required by law, as some are, to report vulnerable adult abuse, and it is unlikely disclosure will trigger a report to a third-party; however, while we may keep information confidential, we cannot control what information others in the focus group share. If there is information you wish to protect, you should not share it in this setting. If you would like to talk about those issues please see us privately and we will provide you with resources. We encourage you to take care of your needs today. If you need to take a break for self-care during the focus group, feel free to do so whenever you need.

You may choose to leave the focus group/interview at any time. Your participation in this focus group/interview is voluntary and you can end your participation whenever you want. We encourage your full participation however, you may choose not to answer any question and if you would be more comfortable doing an interview as opposed to participating in the focus group, that can be arranged.

If you have heard something today that has caused you to reach a decision to not participate and you would like to leave, you may do so now.

Pause to allow participants to leave

**Passive consent clause:** If you stay, you are consenting to participate in the needs assessment. This means that if you stay, you understand and agree to the information we just shared, and that you want to participate.

**Focus Group Facilitator Script: All Agency Groups, including disability advocacy organizations**

This script is also used for any interviews with selected agency staff, including Executive Directors. The person conducting the interview will skip the text in the gray shaded boxes.

**Script**

Start with introductions

My name is – I work for –

Each facilitator and focus group staff person introduce accordingly

Thank you for volunteering your time to participate today. Your expertise on this subject is very important for our success. We are here because you have important information for us, and we really want to hear from you*.* We want this experience to be comfortable for you and have done everything we can to make it so. If you do not have a needed accommodation or if there is something we have not thought of that would make this focus group better for you, please let us know.

**Purpose**

Disability Rights Washington, Washington Coalition of Sexual Assault Programs, the Washington State Long Term Care Ombudsman Program and the Office on Violence against Women are collaborating to build advocacy capacity for survivors of sexual violence who live in long-term care facilities in Washington.

**Confidentiality policy**:

All information collected and analyzed will be used by this collaboration to better plan for services for survivors of sexual violence in long-term care. No personally identifiable information will be used at any time by this collaboration in the needs assessment report, the findings, or the implementation of the project.

This focus group/interview is closed and has not been publicly advertised. We ask you to keep what is said in this room private. We encourage you to protect the privacy of yourself and others, and refrain from talking about what is said here. We want everyone to feel free to share their ideas and comments.

We will ask you some questions about services and how improvements can be made. Your answers will be audio-recorded and captured in notes taken on a computer. If you do not wish to recorded, you can leave the focus group/interview. If you choose to leave, we can arrange to interview you to collect the information. By staying, you have given your consent to be recorded.

Information gathered will be used collectively to identify themes, issues, trends or patterns in a final needs assessment report. Notes, recordings, surveys, RSVP forms, accommodation requests, etc. will be protected, and then destroyed after grant completion.

We want to talk about how to improve the service systems in long term care, to eliminate sexual violence where possible, and to make sure individuals who experience sexual violence receive respectful advocacy and supports. We are not here today to discuss specific incidences of sexual abuse, assault or violence.

We are not required by law, as some are, to report issues discussed in this meeting to protection agencies. We are not required by law, as some are, to report vulnerable adult abuse, and it is unlikely disclosure will trigger a report to a third-party; however, while we may keep information confidential, we cannot control what information others in the focus group share. If there is information you wish to protect, you should not share it in this setting.

We are focused on advocacy service delivery. We do not want personal information about sexual assault or violence. We acknowledge we have all been affected by sexual violence in some way. If you would like to talk to someone privately about these issues afterwards, we will have resources available.

You may choose to leave the focus group/interview at any time. Your participation in this focus group/interview is voluntary and you can end your participation whenever you want. We encourage your full participation however, you may choose not to answer any question and if you would be more comfortable doing an interview as opposed to participating in the focus group, that can be arranged.

If you have heard something today that has caused you to reach a decision to not participate and you would like to leave, you may do so now.

Pause to allow participants to leave

**Passive consent clause:** If you stay, you are consenting to participate in the needs assessment. This means that if you stay, you understand and agree to the information we just shared, and that you want to participate.

**Appendix F**

**Focus group and interview questions**

**Focus Group Questions and prompts
Sexual Assault Survivors**

Participants: Sexual assault survivors. Some survivors may have a disability or some knowledge of long term care advocacy services. (Participants do not need to disclose a disability and are not recruited specifically because they have a disability, however there is recognition that some survivors may have a disability)

1. **What is the best way to get information to you about available services?**
	1. How do people find out about resources and services in your community?
	2. What are ways to get information to people who need or want it? Certain people? Website? Written materials?
	3. What makes it difficult for people to get information about services that are available? (Physical accessibility, attitudes, use of jargon)
2. **When you are referred to services in the community what works well for you?**
	1. What happened that made you happy about the way the referral was handled?
	2. What barriers or problems have you had getting a referral or accessing a new service? (Give example of a safety consideration if none mentioned – lack of confidentiality; disclosure requirements; etc.)
	3. How could the referral process be improved for you? What would make it work better?
3. **Think about when you received great services or advocacy. What made those services work for you?**
	1. What made you feel welcomed and comfortable when receiving services or supports?
	2. What made you feel safe and supported?
	3. What made you feel respected?
	4. What made you feel in control of your choices?
	5. What things in/about the environment, office or building made it easy to receive services and supports?
	6. What things in/about the environment made you feel your privacy was respected?
	7. What else would you tell other providers about providing excellent services to sexual assault survivors?
4. **Think about a time when you did not get great services or advocacy? What didn’t work for you?**
	1. What made you feel unwelcomed or uncomfortable?
	2. What made you feel unsafe or not supported?
	3. What made you feel not respected?
	4. What made you feel not in control of your own decisions?
	5. What things in/about the building, office or environment made it hard to receive services and supports? Were there things that made the environment unsafe?
	6. What things in/about the environment made you feel your privacy was not respected?
5. **Talk about a time an individual or organization made it comfortable/easy for you to ask for changes to make services better?**
	1. What did they do that made it okay for you to ask for what you needed?
	2. Or not?
	3. Talk about a time an individual or organization made it easy for you to ask for changes related to safety concerns. What did they do?
6. **What is a good way for an individual or organization to find out if they are doing a good job?**
	1. Or not?
	2. Do you feel comfortable and safe giving feedback? What makes it easy to give feedback?
	3. What makes it difficult? Do you worry that if you complain you will get poor service or be treated differently? If this has happened to you, what was that experience like?
7. **Do you have additional comments or suggestions to tell organizations that are providing advocacy services to survivors (survivors who have a disability – if disclosed)?**

**Focus Group Questions and prompts
Residents of Long Term Care Facilities**

Participants: Residents living in Adult Family Homes, Nursing Homes or Assisted Living facilities.

1. **What is the best way to get information to you (residents) about available services?**
	1. How do people find out about resources and services in your community?
	2. How do people find out about services and resources here (in this facility)?
	3. What are ways to get information to people who need or want it? Certain people? Website? Written materials?
	4. Are you able to contact the long-term care ombudsman for information?
	5. What makes it difficult for people to get information about services that are available? (Physical accessibility, attitudes, use of jargon, materials are difficult to understand….)
2. **When you are referred to services in the community what works well for you?**
	1. What happened that made you happy about the way the referral was handled?
	2. What barriers or problems have you had getting a referral or accessing a new service? (Give example of accessibility barrier if none mentioned – written materials too small, telephone inaccessible, etc.)
	3. How could the referral process be improved for you? What would make it work better?
3. **Think about when you received great services, support or advocacy. What made those supports work for you?**
	1. What made you feel welcomed and comfortable when receiving services or supports?
	2. What made you feel safe and supported?
	3. What made you feel respected?
	4. What made you feel in control of your choices?
	5. What things in/about the environment, office or building made it easy to receive services and supports? What made it easy to get to, in or around the building?
	6. What things in/about the environment made you feel your privacy was respected?
	7. What else would you tell care providers and advocates about providing excellent services, support or advocacy?
4. **Think about a time when you did not get great services, support or advocacy? What didn’t work for you?**
	1. What made you feel unwelcomed or uncomfortable?
	2. What made you feel unsafe or not supported?
	3. What made you feel not respected, discriminated against? (Explore lack of access/accommodation, if none mentioned)
	4. What made you feel not in control of your own decisions?
	5. What things in/about the building, office or environment made it hard to receive services and supports? What made it hard to get to, in or around the building?
	6. What things in/about the environment made you feel your privacy was not respected?
5. **Talk about a time an individual or organization made it comfortable/easy for you to ask for changes to make services better?**
	1. What did they do that made it okay for you to ask for what you needed?
	2. What did they do to make it easy to ask for a disability-related accommodation; that they do something in a different way for you.
	3. Or not?
6. **What is a good way for an individual or organization to find out if they are doing a good job?**
	1. Or not?
	2. Do you feel comfortable giving feedback? What makes it easy to give feedback?
	3. What makes it difficult? Do you worry that if you complain you will get poor service or be treated differently? If this has happened to you, what was that experience like?
7. **Think about a time you were supported in making choices about your life here? What happened that made you feel supported?**
	1. Was there a rule or way of doing things that helped?
	2. What are some examples of rules or practices or people here that support your right to make choices?
8. **Think about a time you were NOT supported in making choices about your life here. What happened that made you feel unsupported?**
	1. Was there a rule, or person, or way of doing things that made it hard for you to make your own choices here?
	2. What else makes it difficult to make your own choices?
9. **Are you provided information about healthy relationships, (respect, asking for consent) and/or safer sex? Where, or from whom would you get this information?**
	1. How do rules, people or the way things are done effect your decisions and choices about who you date, have relationships with, your sexual identity, whom you have sex with, privacy issues related to sexuality, etc.?
10. **Do you have additional comments or suggestions to tell organizations that are providing services to people living with a disability?**

**Focus Group Questions and prompts**

**People with Disabilities**

Participants: People with disabilities who have some knowledge of long term care services and supports

1. **What is the best way to get information to you (people with disabilities) about available services?**
	1. How do people find out about resources and services in your community?
	2. If you have ever lived in a facility (adult family home, nursing home, etc.), how did you find out about services and resources?
	3. What are ways to get information to people who need or want it? Certain people? Website? Written materials?
	4. What makes it difficult for people to get information about services that are available? (Physical accessibility, attitudes, use of jargon, materials are difficult to understand….)
2. **When you are referred to services in the community what works well for you?**
	1. What happened that made you happy about the way the referral was handled?
	2. What barriers or problems have you had getting a referral or accessing a new service? (Give example of accessibility barrier if none mentioned – written materials too small, telephone inaccessible, etc.)
	3. How could the referral process be improved for you? What would make it work better?
3. **Think about when you received great services, support or advocacy. What made those supports work for you? (prompt for disability-related accommodations if not specifically mentioned)**
	1. What made you feel welcomed and comfortable when receiving services or supports?
	2. What made you feel safe and supported?
	3. What made you feel respected?
	4. What made you feel in control of your choices?
	5. What things in/about the environment, office or building made it easy to receive services and supports? Was it easy to get to, in and around the building?
	6. What things in/about the environment made you feel your privacy was respected?
	7. What else would you tell care providers and advocates about providing excellent services, support or advocacy?
4. **Think about a time when you did not get great services, support or advocacy? What didn’t work for you?**
	1. What made you feel unwelcomed or uncomfortable?
	2. What made you feel unsafe or not supported?
	3. What made you feel not respected, discriminated against? (Explore attitudinal and lack of access/accommodations, if not mentioned)
	4. What made you feel not in control of your own decisions?
	5. What things in/about the building, office or environment made it hard to receive services and supports? Was it difficult to get to, in or around the building?
	6. What things in/about the environment made you feel your privacy was not respected?
5. **Talk about a time an individual or organization made it comfortable/easy for you to ask for changes to make services better?**
	1. What did they do that made it okay for you to ask for what you needed?
	2. Or not?
	3. What did they do to make it easy to ask for an accommodation or that they do something in a different way for you?
6. **What is a good way for an individual or organization to find out if they are doing a good job?**
	1. Or not?
	2. Do you feel comfortable giving feedback? What makes it easy to give feedback?
	3. What makes it difficult? Do you worry that if you complain you will get poor service or be treated differently? If this has happened to you, what was that experience like?
7. **Think about a time you were supported in making choices about your life or how you live your life? What happened that made you feel supported?**
	1. Was there a person, rule or way of doing things that helped?
	2. What are some examples of rules or practices or people here that support your right to make choices about how you live your life?
8. **Think about a time you were NOT supported in making choices about your life or how you live your life. What happened that made you feel unsupported?**
	1. Was there a rule, or person, or way of doing things that made it hard for you to make your own choices?
	2. What else makes it difficult to make your own choices?
9. **Are you provided information about healthy relationships, (respect, asking for consent) and/or safer sex? Where, or from whom would you get this information?**
	1. How do rules, people or the way things are done effect your decisions and choices about who you date, have relationships with, your sexual identity, whom you have sex with, privacy issues related to sexuality, etc.?
10. **Do you have additional comments or suggestions to tell organizations that are providing services to people living with a disability?**

**Interview Questions:**

**Agency: Disability Rights Washington (DRW) Interview with: Executive Director**

Responsible for administering the statewide protection and advocacy program.

1. **What types of support or assistance does DRW provide to other organizations, agencies or individuals in the state concerning disability, disability rights and the long-term care system?** (Consider training, advocacy, policy analysis…)
	1. Tell us about your experiences. (Do you respond to requests? Offer pre-determined trainings? Provide educational materials? Would you consider this reactive, proactive or both?)
	2. How is the information delivered – in person, on website, through printed materials?
	3. How often do you get requests for information or support about sexual violence or other types of abuse of residents/people with disabilities? (Could be for referrals, advocacy, or other supports from individuals or organizations).
	4. How do you choose which topics to focus on for your technical assistance services?
	5. Do you have resources, including partnerships, which can help respond to requests about violence or abuse? If yes, please describe them.
2. **What limits, barriers, constraints or challenges does DRW face when providing advocacy assistance about sexual violence?** (Internal constraints or barriers including funding, staffing, space, lack of knowledge; external constraints from funders, Political climate, other agencies, regulatory constraints…)
	1. What barriers are there for staff handling these requests? (i.e. are they limited by lack of knowledge, lack of understanding systems in WA State…)
	2. As DRW, the protection and advocacy system what opportunities do you see to build staff capacity at the intersection of disability, long-term care and sexual violence? What challenges?
	3. What would be needed to address these barriers and challenges? For instance; Funding, change in policy, changes in regulatory or legal climate, training …
3. **Describe the process for establishing or changing policies, procedures and services at Disability Rights Washington (DRW)?**
	1. Is there a different process for each? For example employment policies, reasonable accommodation procedure, type and scope of advocacy services.
	2. How are decisions about services or policies made at DRW? For instance, are they determined by you, the board, from within the organization, from outside forces/influences or a combination?
	3. What are the barriers or challenges to changing policies, procedures or services?
4. **What kind of collaborations does DRW participate in that you think are relevant to the work of this grant?**
	1. Are these collaborations formal or informal (i.e. MOU, contract or other interagency agreement)?
	2. What other collaborations do you – or others at DRW participate in, including statewide task forces or commissions?
	3. What is DRW’s role in those collaborations (lead agency, member, supporter or provides assistance)?
	4. What is your role in these collaborations?
5. **What limits, barriers, constraints or challenges do you face when collaborating with other organizations?** (Think about funding, policies, transportation, facilities or infrastructure…) If not mentioned – history, political climate, value or other conflicts...
	1. What would be needed to address these barriers (for instance; funding, staff, training, changes in policy…?
	2. What facilitates collaboration in Washington?
6. **Does DRW have policies or procedures related to services for survivors of sexual violence?** For instance a sexual abuse investigation policy? Standardized referral process, resources.
	1. If so, what are they? If not, why not?
	2. Are they written or unwritten?
	3. How do (or how would) you think policies/procedures would help/restrict serving survivors?
	4. How are these policies changed at DRW? Who has to be involved?
7. **Does DRW have policies or procedures related to services for people with disabilities?** For instance a policy on accessibility or reasonable accommodation?
	1. If so, what are they? If not, why not?
	2. Are they written or unwritten?
	3. How do (or how would) you think policies/procedures would help/restrict serving people with disabilities?
	4. How are these policies or procedures changed at this agency? Who has to be involved?
8. **What other organizations, agencies or individuals (if any) do you think should be involved if we are to influence services for survivors with disabilities living in long-term care facilities in Washington state?**
9. **Is there anything else you think we should know?**

**Interview Questions**

**Agency: Washington Coalition of Sexual Assault Programs (WCSAP)**

**Interview with: Executive Director**

Responsible for administering the statewide Coalition, a membership organization for community sexual assault programs.

1. **What types of support or assistance does WCSAP provide to other organizations, agencies or individuals in the state on issues concerning sexual violence and disability?** (Consider training, advocacy, policy analysis…)
	1. Tell us about your experiences. (Do you respond to requests? Offer pre-determined trainings? Provide educational materials? Would you consider this reactive, proactive or both?)
	2. How is the information delivered – in person, on website, through printed materials?
	3. How do you choose which topics to focus on for your technical assistance services?
	4. How often do you get requests for information or support concerning sexual violence or other types of abuse of residents of long-term care facilities/people with disabilities? (Could be for referrals, advocacy, or other supports from individuals or organizations).
	5. Do you have resources, including partnerships, which can help respond to requests about violence or abuse in long-term care facilities? If yes, please describe them.
2. **What limits, barriers, constraints or challenges does WCSAP face when providing technical assistance about sexual violence, disability and long-term care settings?** (Internal constraints or barriers including funding, staffing, space, lack of knowledge; external constraints from funders, Political climate, other agencies, regulatory constraints…)
	1. What barriers are there for staff handling these requests? (i.e. are they limited by lack of knowledge, lack of understanding systems in WA State…)
	2. As WCSAP, the state coalition, what opportunities do you see to build staff capacity at the intersection of disability, long-term care and sexual violence? What challenges?
	3. What would be needed to address these barriers or challenges? For instance; Funding, change in policy, changes in regulatory or legal climate, training …
3. **Describe the process for establishing or changing policies, procedures and services at the Washington Coalition of Sexual Assault Programs (WCSAP)?**
	1. Is there a different process for each? For example employment policies, reasonable accommodation procedure, type and scope of advocacy services.
	2. How are decisions about services or policies made at WCSAP? For instance, are they determined by you, the board, from within the organization, from outside forces/influences or a combination?
	3. What are the barriers or challenges to changing policies, procedures or services?
4. **What kind of collaborations does WCSAP participate in that you think are relevant to the work of this grant?**
	1. Are these collaborations formal or informal (i.e. MOU, contract or other interagency agreement)?
	2. What other collaborations do you – or others at WCSAP participate in, including statewide task forces or commissions?
	3. What is WCSAP’s role in those collaborations (lead agency, member, supporter or provides assistance)?
	4. What is your role in these collaborations?
5. **What limits, barriers, constraints or challenges do you face when collaborating with other organizations?** (Think about funding, policies, transportation, facilities or infrastructure…) If not mentioned – history, political climate, value or other conflicts...
	1. What would be needed to address these barriers (for instance; funding, staff, training, changes in policy…?
	2. What facilitates collaboration in Washington?
6. **Does WCSAP provide technical assistance on policies or procedures related to services for survivors of sexual violence with disabilities or residents in LTC facilities?** For instance a protocol for response to a survivor in a LTC facility or standardized referral process, resources.
	1. If so, what? If not, why not?
	2. Are the resources written or unwritten?
	3. How do (or how would) you think policies/procedures would help/restrict serving survivors?
	4. How are these policies changed at WCSAP? Who has to be involved?
7. **Does WCSAP have policies or procedures related to services for people with disabilities?** For instance a policy on accessibility or reasonable accommodation?
	1. If so, what are they? If not, why not?
	2. Are they written or unwritten?
	3. How do (or how would) you think policies/procedures would help/restrict serving people with disabilities?
	4. How are these policies or procedures changed at this agency? Who has to be involved?
8. **What other organizations, agencies or individuals (if any) do you think should be involved if we are to influence services for survivors with disabilities living in long-term care facilities in Washington state?**
9. **Is there anything else you think we should know?**

**Interview Questions:**

**Agency: Washington Long Term Care Ombudsman Program (LTCOP)**

**Interview with: Washington State Long Term Care Ombudsman**

Responsible for administering the statewide program, contracts with 11 Regional Ombudsman in 13 regions; certifies all ombudsman staff and volunteers.

1. **What types of support or assistance does LTCOP provide to other organizations, agencies or individuals in the state concerning long term care or advocacy in long term care facilities?** (Consider training, advocacy, policy analysis…)
	1. Tell us about your experiences. (Do you respond to requests? Offer pre-determined trainings? Provide educational materials? Would you consider this reactive, proactive or both?)
	2. How is the information delivered – in person, on website, through printed materials?
	3. How often do you get requests for information or support about sexual violence or other types of abuse of residents/people with disabilities? (Could be for referrals, advocacy, or other supports from individuals or organizations).
	4. How do you choose which topics to focus on for your technical assistance services?
	5. Do you have resources, including partnerships, which can help respond to requests about violence or abuse? If yes, please describe them.
2. **What limits, barriers, constraints or challenges does LTCOP face when providing advocacy assistance about sexual violence?** (Internal constraints or barriers including funding, staffing, space, lack of knowledge; external constraints from funders, Political climate, other agencies, regulatory constraints…)
	1. What barriers are there for staff handling these requests? (i.e. are they limited by lack of knowledge, lack of understanding systems in WA State…)
	2. As State Ombudsman what opportunities do you see to build staff capacity at the intersection of disability, long-term care and sexual violence? What challenges?
	3. What would be needed to address these barriers? For instance; Funding, change in policy, changes in regulatory or legal climate, training …
3. **Describe the process for establishing or changing policies, procedures and services at Long Term Care Ombudsman Program (LTCOP)?**
	1. Is there a different process for each? For example employment policies, reasonable accommodation procedure, type and scope of advocacy services.
	2. How are decisions about services or policies made at WA State LTCOP? For instance, are they determined by you, the board, from within the organization, from outside forces/influences or a combination?
	3. What are the barriers or challenges to changing policies, procedures or services?
4. **What kind of collaborations does LTCOP participate in that you think are relevant to the work of this grant?**
	1. Are these collaborations formal or informal (i.e. MOU, contract or other interagency agreement)?
	2. What other collaborations do you – or others at WA State LTCOP participate in, including statewide task forces or commissions?
	3. What is WA State LTCOP’s role in those collaborations (lead agency, member, supporter or provides assistance)?
	4. What is your role in these collaborations?
5. **What limits, barriers, constraints or challenges do you face when collaborating with other organizations?** (Think about funding, policies, transportation, facilities or infrastructure…) If not mentioned – history, political climate, value or other conflicts...
	1. What would be needed to address these barriers (for instance; funding, staff, training, changes in policy…?
	2. What facilitates collaboration in Washington?
6. **Does LTCOP have policies or procedures related to services for survivors of sexual violence?** For instance a sexual abuse investigation policy? Standardized referral process, resources.
	1. If so, what are they? If not, why not?
	2. Are they written or unwritten?
	3. How do (or how would) you think policies/procedures would help/restrict serving survivors?
	4. How are these policies or procedures changed at LTCOP? Who has to be involved?
7. **Does LTCOP have policies or procedures related to services for people with disabilities?** For instance a policy on accessibility or reasonable accommodation?
	1. If so, what are they? If not, why not?
	2. Are they written or unwritten?
	3. How do (or how would) you think policies/procedures would help/restrict serving people with disabilities?
	4. How are these policies or procedures changed at this agency? Who has to be involved?
8. **What other organizations, agencies or individuals (if any) do you think should be involved if we are to influence services for survivors with disabilities living in long-term care facilities in Washington state?**
9. **Is there anything else you think we should know?**

**Focus Group Questions Partner Agency Staff - DRW**

Participants: Disability Rights Washington staff - these staff provide information and technical assistance to disability advocates, the public and policy makers and direct advocacy services to residents and other people with disabilities.

1. **Have you had resources, guidance or training on sexual violence, violence and abuse in the lives of people with disabilities?**
	1. Tell us about your knowledge level concerning sexual violence and abuse of people with disabilities who live in long-term care facilities? Who have you turned to for training about sexual violence in long term care facilities? What was your experience?
	2. What other agencies, task forces, organizations, statewide collaborations, commissions or networks do you work with on a regular basis that you think would be helpful for our work?
	3. Which specific agencies would DRW need to work with to influence services for survivors with disabilities, including survivors in long term care facilities?
	4. Describe your comfort level with this topic.
	5. If not mentioned, do you have a relationship with the Long Term Care Ombudsman program? What has been your experience working with them?
	6. If not mentioned, do you have a relationship with the Washington Coalition of Sexual Assault Programs or any community sexual assault advocacy program? Tell us about your experience working with them.
2. **Has DRW staff responded to a resident who has experienced sexual violence? Tell us about that experience.**
	1. Has DRW responded to a report of sexual violence in the facility? What was the DRW’s response?
		1. Did you call the police, rape crisis center, APS, someone else?
		2. Was the resident involved in reporting, safety and response decisions? If not why? Did mandatory reporting requirements of others (facility staff, caregivers) impact this response?
		3. Were there safety needs for a resident who had an experience of sexual violence in the facility? If so, how were these met?
		4. Were there policies or procedures that guided you (or your staff) with your response?
		5. Did you feel prepared/competent confident to respond? If not, what would have helped?
	2. How does your response differ if the sexual violence is prior to or outside of living in the facility? How do policies/procedure differ? Are these policies helpful or not?
	3. IF THE ANSWER TO 3 IS NO, would you feel prepared if you did get a report? What would you need to feel prepared?
3. **Have you received requests for technical assistance, training or advocacy capacity building requests around working with sexual violence survivors living in nursing homes, adult family homes or assisted living facilities?**
	1. What was worked well? What made you feel confident you were providing helpful assistance?
	2. What do you need to enhance your capacity to provide assistance, to feel confident, competent in responding to requests? What additional training, resources or policies would you need on this topic?
	3. What additional support would you need to provide extensive, specialized assistance on this topic?
4. **Think about a time when you received requests for technical assistance, training or advocacy building requests, from residents, disability advocates or disability advocacy organizations about issues regarding sexuality, relationships, and/or consent to sex in nursing homes, adult family homes or assisted living facilities?**
	1. What worked well? What made you confident you were providing helpful assistance?
	2. How frequently do you receive these requests?
	3. What do you need to enhance your capacity, feel confident and competent in responding to requests? What additional training, resources or policies would you need to provide assistance on this topic?
	4. What additional support would you need to provide extensive, specialized assistance on this topic?
5. **Think about a time you had a request for information, collaboration, technical assistance or training about disability related accommodations related to long term care.**
	1. Did you have the answers and resources you needed to respond satisfactorily?
	2. What do you need to feel confident and competent – if you don’t already - in responding to requests?
	3. What challenges or barriers have you or other DRW staff encountered in providing disability related accommodations for residents?
	4. What additional support would you need to provide extensive, specialized assistance on this topic?
6. **What requests have you had for technical assistance or training about providing respectful, welcoming and safe advocacy services?**
	1. Did you have the answers and resources you needed to respond satisfactorily? (Ask about specific topics, if not mentioned: disability etiquette/attitudes; building trust with self-advocates; confidentiality; consent mandatory reporting)
	2. What do you need to feel confident and competent – if you don’t already - in responding to requests?
	3. What additional support would you need to provide extensive, specialized assistance on this topic?
7. **How do you provide/ what methods do you use to provide technical assistance, training or advocacy capacity building assistance?**
	1. In general - What about your current process for providing technical assistance, training or advocacy capacity building assistance on a new topic or issue works well?
	2. What challenges or barriers do you face with the current process for providing technical assistance, training or advocacy capacity building assistance on a new topic or issue?
	3. How are training or technical assistance topics chosen/determined? How is the method or methods for delivery of the information or assistance determined? How are the recipients engaged in this process? What was your experience?
8. **How do you evaluate the effectiveness of your work?**
	1. What have you found to be effective strategies for delivering information or assistance that you offer? What makes these effective strategies?
	2. What other strategies or modifications to current strategies have you wanted to try?
9. **Do you have additional comments for the project staff?**

**Focus Group Questions – Partner Agency Staff - WCSAP**

Participants: Washington Coalition of Sexual Assault Programs state office staff – these staff provide technical assistance to community sexual assault advocacy programs, the public and policymakers.

1. **Have you had resources, guidance or training on sexual violence, violence and abuse in the lives of people with disabilities?**
	1. Have you had training about sexual violence, violence and abuse in the lives of people with disabilities who reside in long term care facilities? What was your experience? If not, who would you turn to for training?
	2. Describe your comfort level with this topic, (resident rights; accessing facility, etc.)
	3. Do you have a relationship with the disability advocacy organizations? What has been you experience working with them?
	4. Do you have a relationship with the Washington State Long Term Care Ombudsman Program or any community/regional long term care ombudsman? Tell us about your experiences working with them.
	5. What other agencies, task forces, organizations, statewide collaborations, commissions or networks do you work with on a regular basis that you think would be helpful for our work?
	6. Which specific agencies would WCSAP need to work with to influence services for survivors with disabilities?
2. **Have you received requests for technical assistance, training or advocacy building requests, from community sexual assault programs (CSAPs) or others about issues regarding sexuality, relationships, and/or consent to sex in nursing homes, adult family homes or assisted living facilities?**
	1. What worked well? What made you confident you were providing helpful assistance?
	2. What do you need to enhance your capacity, feel confident and competent in responding to requests? What additional training, resources or policies would you need to provide assistance on this topic?
	3. What additional support would you need to provide extensive, specialized assistance on this topic?
3. **Think about a time when you received requests for technical assistance, training or advocacy capacity building requests around working with sexual violence survivors living in nursing homes, adult family homes or assisted living facilities?**
	1. What was worked well? What made you feel confident you were providing helpful assistance?
	2. What do you need to enhance your capacity to provide assistance, to feel confident, competent in responding to requests? What additional training, resources or policies would you need on this topic?
	3. What additional support would you need to provide extensive, specialized assistance on this topic?
4. **What requests have you had, if any, about serving survivors living in nursing homes, adult family homes or assisted living facilities? What were they about? (Providing accommodations/safety/confidentiality/consent, etc.)**
	1. Did you have the answers and resources you needed to respond satisfactorily?
	2. What do you need to feel confident and competent – if you don’t already - in responding to requests?
	3. How frequently do you receive these requests?
	4. What challenges or barriers have CSAPs encountered in providing disability related accommodations for residents?
	5. What additional training, resources or policies would you need to enhance your capacity to provide assistance on this topic?
	6. What additional support would you need to provide extensive, specialized assistance on this topic?
5. **How do you provide technical assistance, training or advocacy capacity building assistance?**
	1. In general - What about your current process for providing technical assistance, training or advocacy capacity building assistance on a new topic or issue works well?
	2. What challenges or barriers do you face with the current process for providing technical assistance, training or advocacy capacity building assistance on a new topic or issue?
	3. How are training or technical assistance topics chosen/determined? How is the method or methods for delivery of the information or assistance determined? How are the recipients engaged in this process? What was your experience?
6. **How do you evaluate the effectiveness of your work?**
	1. What have you found to be effective strategies for delivering information or assistance that you offer? What makes these effective strategies?
	2. What other strategies or modifications to current strategies have you wanted to try?
7. **Do you have additional comments for the project staff?**

**Focus Group Questions – Partner Agency Staff – Washington State LTCOP**

Participants: Long Term Care Ombudsman state office staff – these staff provide information and technical assistance to regional LTCO, the public and policymakers and also provide direct advocacy services to residents.

1. **Have you had resources, guidance or training on sexual violence, violence and abuse in the lives of people with disabilities?**
	1. Have you had training about sexual violence in long term care facilities? What was your experience? If not, who would you turn to for training?
	2. What other agencies, task forces, organizations, statewide collaborations, commissions or networks do you work with on a regular basis that you think would be helpful for our work?
	3. Which specific agencies would LTCOP need to work with to influence services for survivors with disabilities?
	4. Describe your comfort level with this topic.
	5. Do you have a relationship with the disability advocacy organizations? What has been you experience working with them?
	6. Do you have a relationship with the Washington Coalition of Sexual Assault Programs or any community sexual assault advocacy program? Tell us about your experiences working with them.
2. **Have you received requests for, or do you currently provide technical assistance, training or advocacy building requests, from LTCO about issues regarding sexuality, relationships, and/or consent to sex in nursing homes, adult family homes or assisted living facilities?**
	1. What worked well? What made you confident you were providing helpful assistance?
	2. What do you need to enhance your capacity, feel confident and competent in responding to requests? What additional training, resources or policies would you need to provide assistance on this topic?
	3. What additional support would you need to provide extensive, specialized assistance on this topic?
3. **Has WA LTCOP staff responded to a resident who has experienced sexual violence? Tell us about that experience.**
	1. Has WA LTCOP responded to a report of sexual violence in the facility? What was the response?
		1. Did you call the police, rape crisis center, APS, someone else?
		2. Was the resident involved in reporting, safety and response decisions? If not why? Did mandatory reporting requirements of others (facility staff, caregivers) impact this response?
		3. Were there safety needs for a resident who had an experience of sexual violence in the facility? If so, how were these met?
		4. Were there policies or procedures that guided you (or your staff) with your response?
		5. Did you feel prepared/competent confident to respond? If not, what would have helped?
	2. How does your response differ if the sexual violence is prior to or outside of living in the facility? How do policies/procedure differ? Are these policies helpful or not?
	3. IF THE ANSWER TO 3 IS NO, would you feel prepared if you did get a report? What would you need to feel prepared?
4. **Think about a time when you received requests for technical assistance, training or advocacy capacity building requests around working with sexual violence survivors living in nursing homes, adult family homes or assisted living facilities?**
	1. What was worked well? What made you feel confident you were providing helpful assistance? What training do you currently provide on confidentiality, sexual assault and abuse dynamics?
	2. What do you need to enhance your capacity to provide assistance, to feel confident, competent in responding to requests? What additional training, resources or policies would you need on this topic?
	3. What additional support would you need to provide extensive, specialized assistance on this topic?
5. **What requests have you had for technical assistance or training about disability related accommodations?**
	1. What was worked well? What made you feel confident you were providing helpful assistance?
	2. What do you need to feel confident and competent in responding to requests?
	3. What challenges or barriers have you or other LTCO encountered in providing disability related accommodations for residents?
	4. What additional training, resources or policies would you need to enhance your capacity to provide assistance on this topic?
	5. What additional support would you need to provide extensive, specialized assistance on this topic?
6. **What requests have you had for technical assistance or training about providing respectful, welcoming and safe ombudsman services?**
	1. What successful experiences have you had providing technical assistance about respectful, welcoming and safe ombudsman services? (Ask about specific topics, if not mentioned: disability etiquette/attitudes; building trust with self-advocates; confidentiality; consent mandatory reporting)
	2. What do you need to feel confident, competent in responding to requests for technical assistance about welcoming and safe ombudsman services?
	3. What challenges or barriers have you or other LTCO encountered in providing welcoming and safe ombudsman services?
7. **How do you provide technical assistance, training or advocacy capacity building assistance?**
	1. In general - What about your current process for providing technical assistance, training or advocacy capacity building assistance on a new topic or issue works well?
	2. What challenges or barriers do you face with the current process for providing technical assistance, training or advocacy capacity building assistance on a new topic or issue?
	3. How are training or technical assistance topics chosen/determined? How is the method or methods for delivery of the information or assistance determined? How are the recipients engaged in this process? What was your experience?
8. **How do you evaluate the effectiveness of your work?**
	1. What have you found to be effective strategies for delivering information or assistance that you offer? What makes these effective strategies?
	2. What other strategies or modifications to current strategies have you wanted to try?
9. **Do you have additional comments for the project staff?**

**Interview Questions – Sexual Assault Advocacy Program - Direct Management**

Participant: Direct Management staff of local community Sexual Assault Programs – supervise advocates and volunteers

1. **What resources or guidance have you had about sexuality, sexual violence, violence and abuse in the lives of people with disabilities?**
	1. Were resources or guidance helpful in supporting people with a wide range of disabilities? (cognitive, physical, mental health, mobility, communication, hearing & speech, etc.)
	2. Are there specific agencies you are connected to for this purpose?
	3. Does the training include consent, confidentiality, mandatory reporting, policies or procedures?
	4. What local resources do you access for training about working with people with disabilities?
	5. Describe your comfort level with this topic.
	6. Do you have a relationship with local disability-related programs?
	7. Do you have a relationship with your local long term care ombudsman?
2. **What resources, guidance or training do you provide your staff and volunteers about sexuality of people with disabilities in long-term care? What training do you provide about sexual violence in long term care facilities?**
	1. Are there policies and procedures in place to guide your staff to work with a sexual assault survivor who has a disability?
	2. Who does the training, and is a standard curriculum utilized? If so, what is it? Are these resources helpful? If not, what would help?
	3. Does the training include consent, confidentiality, identifying signs of sexual violence, facility policies or procedures?
	4. If you are the trainer, how confident and competent do you feel in providing this training?
	5. How helpful is this information in training staff and volunteers who serve survivors with disabilities? In LTC facilities?
3. **Has your program ever responded to a resident of a LTC facility who has experienced sexual violence? Tell us about the program experience.**
	1. Has the program responded to a report of sexual violence which occurred in the facility? What was the program’s response?
		1. Was the resident involved in contacting your program, safety and response decisions? If not why? How did mandatory reporting requirements impact your program’s response?
		2. Were there safety needs for a resident who had an experience of sexual violence in the facility? If so, how were these met?
		3. Were there policies or procedures that guided your staff or volunteers with the response?
		4. Do you have policies or procedures regarding survivor safety when the survivor lives in a facility?
		5. Did your staff feel prepared/competent confident to respond? If not, what would have helped?
	2. How does the response differ if the sexual violence is prior to or outside of living in the facility? How do policies/procedure differ? Are these policies helpful or not?
	3. IF THE ANSWER TO 3 IS NO, would your staff or volunteers feel prepared if you did get a report? What would they need to feel prepared?
4. **What would you need to feel confident in working with, or supporting a volunteer/staff to work with residents of a LTC facility who have experienced sexual violence?**
	1. What have been the most effective ways staff have handled disability-related accommodations?
	2. What challenges exist and how are those handled?
	3. Does your program have policies and procedures on accommodations for people with disabilities?
5. **What do you want disability advocates (DRW) and resident advocates (Long term care Ombudsmen) to know about sexual assault advocacy?**
	1. About advocating for survivors with disabilities or survivors in the long term care system?
	2. What would you want disability or resident advocates to know about partnering opportunities or collaborations in serving survivors who live in long-term care?
6. **Are you familiar with facility policies and practices related to sex in long-term care**?
	1. How have facilities accommodated the residents’ wishes?
	2. What has worked well for this? What doesn’t work well?
	3. Are there facilities that support a resident’s choice/sexual expression well? What does this look like?
7. **Do you have additional comments or suggestions for organizations that provide advocacy services to residents of long-term care?**

# Focus Group Questions: Sexual Assault Advocates and Volunteers

Participants: Community Sexual Assault Program staff and volunteers of local programs

1. **What resources, guidance or training have you had to prepare to work with individuals with disabilities who have reported sexual violence?**
	1. Were resources, guidance or training helpful in supporting people with a wide range of disabilities? (cognitive, physical, mental health, mobility, communication, hearing & speech, etc.)
	2. Are there specific agencies you are connected to for this purpose?
2. **What resources, guidance or training have you had in responding to a long-term care resident who reported sexual violence?**
	1. Where would you go for more help?
	2. Are there barriers for you to access information about sexual violence in long-term care?
	3. Do you have a relationship with a local ombudsman or disability organization?
	4. Tell us about your cross-training efforts, successful or not.
3. **Have you ever responded to a survivor living in long-term care? Tell us about your experience.**
	1. Was there a point of contact (individual or organization) you worked with who assisted the survivor?
	2. Were there safety needs for the survivor that you addressed?
	3. What worked or what didn’t in this process?
	4. If no, would you feel prepared to respond if you did get a report?
4. **What would you need to feel confident in working with people with disabilities in long term care?**
	1. What have been the most effective way staff have handled accommodations? What would make you feel confident using those skills in a long-term care setting?
	2. What challenges exist and how are those handled?
5. **What policies and procedures are in place for reporting sexual violence?**
	1. Do you report to APS or law enforcement? What has been your experience upon making a report?
	2. Are there additional reporting requirements or practices to which you adhere? Are there other agencies involved? Have you had experience with other organizations that investigate sexual violence such as Residential Care Services or the Resident Client Protection Program, Department of Health?
6. **Are there policies in place to guide your response to a survivor with a disability or is a resident of long term care?**
	1. How are these policies and procedures communicated to SA advocates?
	2. How are the residents who have reported sexual violence needs/requests documented?
	3. What has been the most effective way that SA advocates have handled the safety needs of a LTC resident or survivor with a disability who has reported sexual violence?
7. **What do you want disability advocates and long-term care ombudsman to know about sexual assault reporting and response?**
	1. What do you want disability advocates/long-term care ombudsman to know about trauma response?
	2. What would you want disability advocates/long-term care ombudsman to know about partnering opportunities in serving people in long-term care?
8. **Do you have additional comments or suggestions for organizations that provide advocacy services to residents of long-term care?**

**Focus Group Questions – Regional Long Term Care Ombudsman**

Eleven Regional LTCO operate in 13 regions under contract with State LTCOP. They supervise staff and volunteers. Ombudsman, their staff and volunteers must be certified by LTCOP.

1. **What resources or guidance do you receive about sexuality of people with disabilities in long-term care? About sexual violence?**
2. Were resources or training helpful in supporting people with a wide range of disabilities? (cognitive, physical, mental health, mobility, communication, hearing & speech, etc.)
3. What resources come from the state LTCOP? What other specific agencies you are connected to for this purpose?
4. Do you have policies and procedures that guide you on issues of consent, confidentiality, or mandatory reporting?
5. What local resources do you access for training about sexual violence?
6. Describe your comfort level with this topic.
7. Do you have a relationship with your disability-related programs?
8. Do you have a relationship with your sexual assault program (insert local CSAP)
9. **What resources do you provide staff/volunteers about sexuality of people with disabilities in long-term care? What training do you provide about sexual violence?**
	1. Are there policies and procedures in place to guide you with a sexual assault survivor who has a disability?
	2. Who does the training, and is a standard curriculum utilized? If so, what is it? Are these resources helpful? If not, what would help?
	3. Does the training include consent, confidentiality, identifying signs of sexual violence, facility policies or procedures?
	4. If you are the trainer, how confident and competent do you feel in providing this training?
	5. How helpful is this information in training staff and volunteers who serve residents in your region?
	6. Do you think that volunteers are able to identify possible signs of sexual violence and implement a procedural response? Why or why not?
10. **Has your regional program ever responded to a resident who has experienced sexual violence? Tell us about the program experience.**
	1. Has the program responded to a report of sexual violence in the facility? What was the program’s response?
		1. Did you call the police, rape crisis center, APS, someone else?
		2. Was the resident involved in reporting, safety and response decisions? If not why? Did mandatory reporting requirements of others (facility staff, caregivers) impact this response?
		3. Were there safety needs for a resident who had an experience of sexual violence in the facility? If so, how were these met?
		4. Were there policies or procedures that guided you (or your staff) with your response?
		5. Did you feel prepared/competent confident to respond? If not, what would have helped?
	2. How does your response differ if the sexual violence is prior to or outside of living in the facility? How do policies/procedure differ? Are these policies helpful or not?
	3. IF THE ANSWER TO 3 IS NO, would you feel prepared if you did get a report? What would you need to feel prepared?
11. **What would you need to feel confident in working with, or supporting a volunteer/staff to work with residents who have experienced sexual violence?**
	1. What have been the most effective ways staff have handled disability-related accommodations?
	2. What challenges exist and how are those handled?
	3. Does your program have policies and procedures on accommodations for people with disabilities?
12. **What do you want sexual assault advocates or disability advocates to know about advocating within the long term care system?**
	1. What do you want disability or sexual assault advocates to know about sexual assault response in long term care? (facility, APS, licensing)?
	2. What would you want disability or sexual assault advocates need to know about partnering opportunities in serving people in long-term care?
13. **What can ombudsman do so that residents feel welcomed, supported, respected, safe and in control of their decisions to report sexual violence?**
	1. What barriers exist to having this be the case?
	2. What has worked well? What can be improved?
	3. Do you have policies or procedures regarding survivor safety when the survivor lives in a facility?
14. **Are you familiar with facility policies and practices related to sex in long-term care**?
	1. How have facilities accommodated the residents’ wishes?
	2. What has worked well for this? What doesn’t work well?
	3. Are there facilities that support a resident’s choice/sexual expression well? What does this look like?
15. **Do you have additional comments or suggestions for organizations that provide services to residents of long-term care?**

**Focus Group Questions - Long Term Care Ombudsman Staff and Volunteers**

Participants: Local staff and volunteers of the Long-Term care Regional Ombudsman. Staff and volunteers visit facilities and support residents in exercising their rights. Both staff and volunteers are certified as ombudsmen through the State office.

1. **Describe the resources or guidance you receive to prepare your work as an ombudsman with individuals with disabilities?**
	1. Were resources or training helpful in supporting people with a wide range of disabilities? (cognitive, physical, mental health, mobility, communication, hearing & speech, etc.)
	2. Who provides the resources, guidance or training? Are there specific agencies you are connected to for this purpose?
2. **Describe any resources, guidance or mentoring you receive to prepare you to respond to a long-term care resident who reported sexual violence?**
	1. Were these resources helpful?
	2. Are there barriers for you to access information about sexual violence in long-term care?
3. **Have you ever responded to a resident who has experienced sexual violence? Tell us about your experience.**
	1. How did you find out about the incident?
	2. What did you do?
	3. Are there policies or procedures in place to guide your response to a survivors of sexual violence? How do you know about these policies?
	4. Do you have guidance about the safety needs of the resident who made the report?
	5. Have you ever reported an incident of sexual assault outside the ombudsman system? What challenges did you face?
	6. What is the policy and procedure of the ombudsman program for reporting sexual assault?
	7. Is this also the practice? Does this pose any barriers?

1. **What would you need to feel confident in working with residents who have experienced sexual violence?**
	1. Do you feel confident you would recognize the signs of sexual violence if evident? Do you have policies or procedure that help you?
	2. Have you responded to a resident who needed disability-related accommodations? Do you have policies to guide you providing accommodations? What would make you feel confident using those skills working with a survivor?
	3. How are the needs or requests of residents who have experienced sexual violence documented?
2. **Are you able to access community-based resources through the long-term care ombudsman office in advocating for survivors of sexual assault? Do you work with other agencies to support residents?**
	1. Have you had to coordinate supports with other community agencies? Have you partnered with local sexual assault advocates or disability rights advocates?
	2. What is working well?
	3. What challenges have you experienced?
3. **What do you want sexual assault advocates or disability advocates to know about advocating within the long term care system?**
	1. What do you want disability or sexual assault advocates to know about sexual assault response in long term care? (facility, APS, licensing).
	2. What would you want disability or sexual assault advocates to know about partnering opportunities in serving people in long-term care?
4. **Are you familiar with facility policies and practices related to sex in long-term care**?
	1. How have facilities accommodated the residents’ wishes?
	2. What has worked well for this? What doesn’t work well?
	3. Are there facilities that support a resident’s choice/sexual expression well? What does this look like?

1. **What can ombudsman do so that residents feel welcomed, supported, respected, safe and in control of their decisions to report sexual violence?**
	1. What barriers exist to having this be the case?
	2. What has worked well?
	3. What can be improved?
2. **Do you have additional comments or suggestions for organizations that provide advocacy services to residents of long-term care?**

**Disability organization interview questions**

Participants: Local advocacy organizations for people with disabilities

1. **Have you had resources, guidance or training on sexual violence, violence and abuse in the lives of people with disabilities?**
	1. Tell us about your knowledge level concerning sexual violence and abuse of people with disabilities who live in long-term care facilities? Who have you turned to for training about sexual violence in long term care facilities? What was your experience?
	2. What other staff, agencies, task forces, organizations, statewide collaborations, commissions or networks do you work with on a regular basis that you think would be helpful for our work?
	3. Describe your comfort level with this topic.
	4. If not mentioned, do you have a relationship with Disability Rights Washington? What has been your experience working with them?
	5. If not mentioned, do you have a relationship with the Long Term Care Ombudsman program? What has been your experience working with them?
	6. If not mentioned, do you have a relationship with the Washington Coalition of Sexual Assault Programs or any community sexual assault advocacy program? Tell us about your experience working with them.
2. **Have you, or someone from (name of organization), responded to a resident who has experienced sexual violence? Tell us about that experience.**
	1. Have you supported someone with an experience of sexual violence in a facility? What was the response?
		1. Did you call the police, rape crisis center, APS, someone else?
		2. Was the resident involved in reporting, safety and response decisions? If not why? Did mandatory reporting requirements of others (facility staff, caregivers) impact this response?
		3. Were there safety needs for a resident who had an experience of sexual violence in the facility? If so, how were these met?
		4. Were there policies or procedures that guided you (or your staff) with your response?
		5. Did you feel prepared/competent confident to respond? If not, what would have helped?
3. **Think about a time when you, or someone from (name of organization), received requests for technical assistance, training or advocacy capacity building requests around working with sexual violence survivors living in nursing homes, adult family homes or assisted living facilities?**
	1. What has worked well? What made you feel confident you were providing helpful assistance?
	2. What do you need to enhance your capacity to provide assistance, to feel confident, competent in responding to requests? What additional training, resources or policies would you need on this topic?
	3. What additional support would you need to provide extensive, specialized assistance on this topic?
4. **Think about a time when you, or someone from (name of organization), received requests for technical assistance, training or advocacy building requests, from residents, disability advocates or disability advocacy organizations about issues regarding sexuality, relationships, and/or consent to sex in nursing homes, adult family homes or assisted living facilities?**
	1. What worked well? What made you confident you were providing helpful assistance?
	2. How frequently do you receive these requests?
	3. What do you need to enhance your capacity, feel confident and competent in responding to requests? What additional training, resources or policies would you need to provide assistance on this topic?
	4. What additional support would you need to provide extensive, specialized assistance on this topic?
5. **Think about a time you, or someone from (name of organization), had a request for information, collaboration, technical assistance or training about disability-related accommodations related to long term care.**
	1. Did you have the answers and resources you needed to respond satisfactorily?
	2. What do you need to feel confident and competent – if you don’t already - in responding to requests?
	3. What challenges or barriers have you or other DRW staff encountered in providing disability related accommodations for residents?
	4. What additional support would you need to provide extensive, specialized assistance on this topic?
6. **What requests have you, or someone from (name of organization), had for technical assistance or training about providing respectful, welcoming and safe advocacy services?**
	1. Did you have the answers and resources you needed to respond satisfactorily?
	2. What do you need to feel confident and competent – if you don’t already - in responding to requests?
	3. What additional support would you need to provide extensive, specialized assistance on this topic?
7. **How do you, or someone from (name of organization), provide/ what methods do you use to provide technical assistance, training or advocacy capacity building assistance?**
	1. In general - What about your current process for providing technical assistance, training or advocacy capacity building assistance on a new topic or issue works well?
	2. What challenges or barriers do you face with the current process for providing technical assistance, training or advocacy capacity building assistance on a new topic or issue?
	3. How are training or technical assistance topics chosen/determined? How is the method or methods for delivery of the information or assistance determined? How are the recipients engaged in this process? What was your experience?
8. **How do you, or someone from (name of organization), evaluate the effectiveness of your work?**
	1. What have you found to be effective strategies for delivering information or assistance that you offer? What makes these effective strategies?
	2. What other strategies or modifications to current strategies have you wanted to try?
9. **Do you have additional comments?**

**Appendix G**

**Focus group invitations**

**Focus Group Invitation - Survivors**

This invitation will be customized by the recruiter with specific focus group information inserted. It may be used as a script by the recruiter for potential participants who cannot access or do not want written or electronic documents.

Dear (Name):

We are asking you to participate in the needs assessment process for a collaboration between Disability Rights Washington, the Washington State Long-Term Care Ombudsman Program and the Washington Coalition of Sexual Assault Programs.

We are inviting you to a focus group on this topic because your participation is very important to the process. We will ask you some general questions about services and how improvements can be made. We want to talk about how to improve the advocacy services. We are going to discuss what makes services and advocacy work for you and what makes environments safe and welcoming.

The focus group will be held (Insert site specific information here – Date, time, duration, location)

Once the needs assessment is complete we will compile a report which will be the basis for a strategic planning process. The plan will map out how the collaboration organizations will help create a system in Washington in which all survivors of sexual violence receive appropriate, welcoming and safe services.

Please confirm your attendance with (insert name of recruiter) and you will receive additional information about the focus group process.

Thank you for your participation.

**Focus Group Invitation - Residents of long-term care facilities**

This invitation will be customized by the recruiter with specific focus group information inserted. It may be used as a script by the recruiter for potential participants who cannot access or do not want written or electronic documents.

Dear (Name):

We are asking you to participate in the needs assessment process for a collaboration between Disability Rights Washington, the Washington State Long-Term Care Ombudsman Program and the Washington Coalition of Sexual Assault Programs.

We are inviting you to a focus group on this topic because your participation is very important to the process. We will ask you some general questions about services and how improvements can be made. We want to talk about how to improve the advocacy in long-term care. We are going to discuss what makes services and advocacy work for you and what makes environments safe and welcoming.

The focus group will be held (Insert site specific information here – Date, time, duration, location)

Once the needs assessment is complete we will compile a report which will be the basis for a strategic planning process. The plan will map out how the collaboration organizations will help create a system in Washington in which all residents receive appropriate, welcoming and safe advocacy and services.

Please confirm your attendance with (insert name of recruiter) and you will receive additional information about the focus group process.

Thank you for your participation.

**Focus Group Invitation - People with disabilities**

This invitation will be customized by the recruiter with specific focus group information inserted. It may be used as a script by the recruiter for potential participants who cannot access or do not want written or electronic documents.

Dear (Name):

We are asking you to participate in the needs assessment process for a collaboration between Disability Rights Washington, the Washington State Long-Term Care Ombudsman Program and the Washington Coalition of Sexual Assault Programs

We are inviting you to a focus group on this topic because your participation is very important to the process. We will ask you some general questions about services and how improvements can be made. We want to talk about how to improve the advocacy in long-term care. We are going to discuss what makes services and advocacy work for you and what makes environments safe and welcoming.

The focus group will be held (Insert site specific information here – Date, time, duration, location)

Once the needs assessment is complete, we will compile a report which will be the basis for a strategic planning process. The plan will map out how the collaboration organizations will help create a system in Washington in which people with disabilities receive appropriate, welcoming and safe advocacy and services.

Please confirm your attendance with (insert name of recruiter) and you will receive additional information about the focus group process.

Thank you for your participation.

**Focus Group Invitation - all staff and volunteers**

This invitation will be customized by the collaboration partner or local recruiter with specific focus group information inserted.

Dear (Name):

We are asking you to participate in the needs assessment process for a collaboration between Disability Rights Washington, the Washington State Long-Term Care Ombudsman Program and the Washington Coalition of Sexual Assault Programs.

We are inviting you to a focus group on this topic because your participation is very important to the process. You are in a unique position to provide a broader view of the community and statewide resources. You are also key to providing the expertise, knowledge and support that are necessary for sustaining change that increases advocacy and services to survivors with disabilities.

The focus group will be held (Insert site specific information here – Date, time, duration, location)

Once the needs assessment is complete we will compile a report which will be the basis for a strategic planning process. The plan will map out how the collaboration organizations will help create a system in Washington in which all survivors of sexual violence receive appropriate, welcoming and safe services.

Please confirm your attendance with (insert name of collaboration partner or local recruiter) and you will receive additional information about the focus group process.

Thank you for your participation.

**Appendix H**

**Focus group RSVP and accommodation request form**

**RSVP and Accommodation Request Form**

Point of contact/recruiter for each focus group or interview completes this form for each group or interview. The recruiter speaks directly with the potential participant and not a third party and follows safety, access and confidentiality considerations.

This form with accommodation requests are due to the Project Director two weeks prior to the scheduled focus group.

Point of contact/recruiter completing this form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recruiter telephone number and email address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials of each confirmed participant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This focus group is scheduled for:

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City or Town/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Continue to next page**

**Request for accommodations**

This form is to be completed by the assigned point of contact/recruiter responsible for recruiting focus group or interview participants. Track individual requests, if desired, by placing the initials of a participant next to the accommodation required.

Please collect accommodation requests and relay information for each focus group at least two weeks in advance. Send to project director Betty Schwieterman at bettys@dr-wa.org. Please do not use any identifying information on this form. Check “no accommodation needed” if none required, otherwise fill out the rest of the form.

If a participant requests assistance from an advocate or other person to help set up the accommodation, list contact information here: (Name and best contact number #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) No accommodations needed

( ) Requires interpreter:

( ) American Sign Language (ASL)

( ) Signed Exact English (SEE)

( ) Oral Interpreters

( ) Foreign Language Translator (language :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

( ) Tactile Interpreters (Deaf Blind)

( ) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ( ) CART (caption access real time)

 ( ) Requires a Personal Care Attendant\*

( ) Requires Assistive Listening Device: Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Requires Visual Aids: Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Requires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to communicate

 ( ) Available on site

 ( ) Brought by participant

 ( ) Needs to be obtained from outside source

( ) Needs information in Braille

( ) Needs information in Large Print (18pt unless otherwise noted):\_\_\_\_\_\_\_\_\_\_

( ) Needs written information read to them

( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Dietary concerns/food allergies for this participant? If so, please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other considerations:­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If participant requires a personal care assistant to be present during the focus group the participant is invited for an interview instead of a focus group. No third parties are allowed in focus groups or interviews.

**Appendix I**

**Resource sheet, gift card documentation form, and focus group debriefing form**

**Resource Sheet**

The following Resource sheet will be customized for each group and will include some or all of the following resources:

The information may also be used by the support person to give information verbally as appropriate at the conclusion of each focus group using safety and confidentiality considerations.

**Resources**

* Disability Rights Washington: 1-800-562-2702 [www.disabilityrightswa.org](http://www.disabilityrightswa.org)
* State Long-Term Care Ombudsman: 1-800-562-6028 [www.waombudsman.org](http://www.waombudsman.org)
* Washington Coalition of Sexual Assault Programs: [www.wcsap.org](http://www.wcsap.org)
* Local Long Term Care Ombudsman: (insert local information)
* National Sexual Assault Hotline: 1-800-656-HOPE [www.rainn.org/get-help/national-sexual-assault-hotline](http://www.rainn.org/get-help/national-sexual-assault-hotline)
* National Domestic Violence Hotline: 1-800-799-SAFE (7233) [www.thehotline.org](http://www.thehotline.org)
* Community Sexual Assault Program: (insert local information)
* Residential Care Services Complaint Resolution Unit (RCS CRU): 1-800-562-6078 or DSHS toll-free EndHarm hotline anytime day or night at 1-866-363-4276. ENDHARM [www.altsa.dshs.wa.gov/APS/reportabuse.htm](http://www.altsa.dshs.wa.gov/APS/reportabuse.htm)

**Gift card documentation form**

Participants (survivors, residents, people with disabilities) receive the gift card at the beginning of the session and initial below that they have received it.

**Gift Card Receipt**

Focus Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that I received a gift card today at this focus group.

(Please use initials only – do not sign)

**\_\_\_\_\_\_\_**

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**Focus Group Debriefing Form**

Focus group facilitators, note takers and timekeepers: Following each focus group, please allow time to participate in a debriefing session to discuss the group dynamics and your experience facilitating the focus group. Make brief notes and key points. Do not include participant’s names or identifying information. This form can be completed individually and then discussed as a group, or the form can be completed as a group.

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_End Time: \_\_\_\_\_\_\_\_\_\_\_\_

Number of Group Members: \_\_\_\_\_\_\_\_\_\_\_

Type of Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facilitator/Co-facilitator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note Taker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time keeper: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any visible conflicts/tensions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any surprises? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Themes in this session? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any memorable quotes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What went well? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Suggested changes for future focus groups? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Overall impression of the session? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Initials of facilitators/note taker/support staff:

**Appendix J**

**Survey questions and scripts**

**Survey Questions - Collaboration Partner Boards of Directors, Advisory Councils**

(Electronic survey for most members and paper survey for those without internet access or, if requested)

Participants: Board and council members of Disability Rights Washington (DRW), Washington Coalition of Sexual Assault Programs(WCSAP) and the Washington State Long-Term Care Ombudsman Program (LTCOP)

**Survey**

Introduction: Disability Rights Washington (DRW), Washington Coalition of Sexual Assault Programs (WCSAP) and the Washington State Long-Term Care Ombudsman Program (LTCOP) are collaborating to build advocacy capacity for survivors of sexual violence who live in long-term care facilities in Washington.

Please take 10 minutes or so to complete this survey. Your input on this subject is very important for our success. All information collected and analyzed will be used by this collaboration to better plan for services for survivors of sexual violence in long-term care. No personally identifiable information (name, email address) from this survey will be used by this collaboration in the needs assessment report, the findings, or the implementation of the project.

(Insert salutation from each Agency head – DRW, WCSAP or LTCOP)

**Survey Questions**

1. The goal of the Washington Collaboration is to bring about system changes in Washington to better assist individuals with disabilities who are residents of long-term care who have experienced sexual violence. To what degree do you think this project is consistent with (insert DRW’s, WCSAP’s, or LTCOP’s, as appropriate) mission?

A. Completely consistent

B. Somewhat consistent

C. Not consistent at all

Comment field

2. To what degree do you think this project aligns with (insert DRW, WCSAP, or LTCOP, as appropriate) strategic goals?

A. Completely aligns

B. Somewhat aligns

C. Does not align at all

Comment field

3. To what degree would you be willing to support new initiatives at (insert DRW, WCSAP, or LTCOP, as appropriate) to address the intersection of sexual violence and disability?

A. Definitely would

B. Likely would

C. Not sure

D. Likely would not

E. Definitely would not

F. Need more information

Comment field

4. In what ways would you be willing to support the work at the intersection of sexual violence and disability? (i.e. memoranda, partnership development, seeking grant funds, etc.)

 Comment field

5. To what extent do you see any challenges for (insert DRW, WCSAP, or LTCOP, as appropriate) in addressing the intersection of sexual violence and disability?

A. Significant

B. Moderate

C. Minimal

D. None

6. What challenges, if any, would you see for (insert DRW, WCSAP, or LTCOP, as appropriate) in supporting the work of the Washington Collaboration, at the intersection of sexual violence and disability?

 Comment field